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SEX KNOWLEDGE FOR MEN

INCLUDING A PROGRAM FOR SEX EDUCATION OF THE BOY

BY

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A man may know *more* than is contained in this book; he may not know *less*.

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PREFACE

FOR many centuries deep silence reigned over everything that concerns sex. The normal manifestations of the instinct had to be denied and hidden, abnormal manifestations had to be concealed, and diseases of the sex organs had to be treated as if they had no existence. Mere reference to venereal disease in public print or a chaste discussion of a sexual subject was not only a social transgression, but a criminal offense, and many were the hardships of those who dared to be pioneers in the field of sex knowledge.

About a decade ago a change began to make itself felt. It began to be seen that the welfare of the race demanded that certain evils resulting from the sex relations should no longer be barred from public discussion. Societies were established in many cities with the object of enlightening the public on sex matters and particularly of warning the people against the terrible dangers and ravages of venereal disease. A flood of books and pamphlets dealing with sexual subjects, and having the laudable object of giving sexual infor-

mation to the young, made its appearance. I believe I have read them all and undoubtedly to those who do not know any better, many of these books must seem perfectly satisfactory, and must fill a real want. Undoubtedly they are better than nothing. But unfortunately, and I say this with a feeling of deep regret, I did not find a single one to which I could give my full approval.

The books may be divided in two classes; the commercial ones, produced by shrewd authors and publishers (with a good scent for the proper psychological moment) for the express purpose of making money, and the sincere books produced by their authors and authoresses with the sincere purpose of imparting information, of guarding the young and the old against dangers and pitfalls. But both the commercial productions and the books with a high purpose show the same defects. They contain a lot of mush, a plethora of ecstatic stuff, some of it nauseating in the extreme (young people often refer to it as slush or sob-stuff or use a still stronger term), they are filled with lurid exaggerations or downright falsehoods. The authors show a woful lack of knowledge of sexual physiology, pathology and psychology—as if all the advances in these domains during the past twenty-five years were entirely un-

known to them—and everywhere, everywhere, almost on every page, there is bias, prejudice, kotowing to Mrs. Grundy, misstatements with a noble purpose and misstatements in order to help or at least not to hurt the sale of the book.

I am not alone in my opinion about our sex books. Many fathers and mothers, and some young men and girls have written to me expressing their dissatisfaction or even disgust with the existing popular sex books. During the last five or six years I received numerous requests to write a "real honest" sex book. I refrained from doing so because I have had other important work on hand. The requests are, however, becoming more numerous and more persistent, and this, combined with the fact that *The Critic and Guide* is constantly in receipt of inquiries about the best sex books, inquiries which we cannot answer, because there is no best book (some are less bad than others, but there is not a good one), has finally induced me to undertake the writing of a really honest and scientific book of sex knowledge.

This book is not going to be taken as a textbook in Sunday Schools, it will probably not be found in the libraries of the Y. M. C. A.'s, it will hardly be mentioned by the societies of moral and sanitary prophylaxis and social hygiene. Why? Be-

cause it is absolutely truthful, because its author has not respected any prejudice, no matter how deeply rooted, because he has refused flatly to make any compromises with error, with ignorance, with sanctified tradition.

"No compromise!" was my motto from the first line to the last. I cannot trim, and I cannot blow hot and cold at the same time. And I told myself that unless the book could represent my honest and truthful opinions, then it should not be written. As it has been written, you may take it for granted that it does so represent my full, unexpurgated opinions. I have not told everything, for this is but an elementary book, but whatever I did tell, I told honestly.

May it serve to dissipate the error and bias found in many books offered to the public by usually well-meaning but ignorant enthusiasts.

W. J. R.

July 15, 1916.

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SEX KNOWLEDGE FOR MEN

Chapter One

INTRODUCTION

THE subject which I am going to discuss with you in this book is of the utmost importance to you. I am not indulging in any exaggerations when I say that it is of *vital* importance to you. I know of no other subject in the entire school or college program on which you could spend a few hours, or a few days, with such signal benefit to yourself personally, to those dear to you and to the race in general.

Ignorance of the facts herein presented has cost many a young man his life, has ruined many a promising career, has caused a great amount of disease and deformity and has been responsible for misery and unhappiness so great, that it would be a hopeless task to try to measure them.

We are going to discuss your sex nature, your sex organs, and your sex desire or instinct. I do not know whether you have read anything on sex subjects or not. If you have not—so much the bet-

ter. For I very much fear that the knowledge you have derived from your reading is apt to be not only imperfect, incomplete; that would not be so bad; but it is apt to be distorted, perverted; in short, it is apt to be worse than no knowledge at all.

As alluded to in the preface, the literature on sex subjects that a young man is likely to read may be divided into two classes. One is the kind gotten out by the advertising charlatans, proprietors of "museums for men only" and other quack doctors. This "literature" is utterly vile. It is full of lies, exaggerations and ridiculous absurdities and misstatements. The "authors" being irresponsible quacks and ignoramuses of no standing whatever, they do not care anything about what they say, or how ridiculous their statements may be. Their *only* object is to make money, and they work upon the fears of their prospective victims. Having sufficiently frightened them, they can fleece them to their last dollar. It would not be worth while to discuss or even to mention that muck "literature," but for the fact that being spread broadcast, it exerts a ruinous effect on thousands and thousands of boys and young men. For all I know, *you* may be one of the victims of that quack literature.

The literature of the second class is of a higher character. Its object is not to make money by attracting patients; its purpose is to keep the young men "good" and "pure." Some people, you know, believe that the end justifies the means. To the authors of this class of literature the object of keeping our boys and young men "good" and "pure" seems so important, that they feel justified in indulging in certain exaggerations and even in downright misstatements. Of course in many cases these exaggerations and misstatements are not made with deliberation; they are due to their authors' ignorance.

The two classes of literature, while different in their objects, are, if not identical, at least similar in their methods: both attempt to inspire fear. And I do not consider frightening people a good thing. I do not consider that it is right to use fear as an educational weapon. It is not only bad in itself, it not only warps the mind and character, but it often fails to attain its object; not only does it fail to attain it, but it often drives the man to excesses, which he would have escaped if no attempt had been made to frighten him. No, I believe in being strictly honest with the adult and young man. I will not preach—I dislike preaching. I will not

attempt to frighten you into being decent. I will tell you the truth as it is, and will leave the free choice to you. But I believe that if you have any *ideal* at all, I will succeed in showing you that it will *pay* you better to be moderate and decent in all things.

For many years I have been enjoying the confidence of thousands and thousands of young men. They rely upon my advice implicitly because they know that I have only their welfare, physical and mental, at heart; that I am free from any prejudice or bias, and that I tell the truth as I know it, even if by telling it I go contrary to custom, to tradition, to superstition, to prevailing opinion. And I trust that you who read this book will also quickly become convinced that every statement in this book is the truth, as I see it. I do not promise you to tell you the *whole* truth: first, the limits of space of an elementary volume will not permit it, and second, you are probably not yet ready to understand and assimilate everything that relates to the wonderful complexities of human sexuality. But I do promise that whatever I do say will be scientifically true, in accordance with the opinions of the world's best sexologists. Sexual education must go by steps. After you

have assimilated this book, you will be ready for deeper and more exhaustive treatises.

I have laid emphasis on the strict truthfulness of this book. This leads one to the inference that in my opinion the other books written for boys and young men are not strictly truthful. The inference is correct. I do not say that in each case the untruth is a deliberate one; as stated previously, it is often due to ignorance. But the fact is there. Not that we do not have some splendid authors who write on sex subjects without any religious or traditional bias, with an eye single to the truth; we do have such. It is sufficient to mention Havelock Ellis, Bloch, Marcuse, Moll, Eulenberg, Forel, Hirschfeld. But the works of these authors are meant for fully developed and cultured adults: they are deep and voluminous: they are not meant for the average young man. And this is the first attempt to write a strictly scientific and strictly truthful book suitable for the growing young man, and the average man of the street.

Chapter Two

THE ANATOMY AND PHYSIOLOGY OF THE SEX ORGANS

THE whole living world is divided into two sexes: male and female, masculine and feminine. This applies not only to the animal world, but to the vegetable world as well: we have male plants and we have female plants. We cannot very well speak of any attraction between male and female plants, but in the animal world, the attraction between the two sexes is very marked; and it gets more and more marked, the higher we ascend in the animal scale, until we reach Man,[1] in whom sex attraction becomes an irresistible force, acquiring an intensity which affects his entire life and consciously or unconsciously influences his thoughts, his feelings and his actions. Such a force must be studied, controlled and properly directed—for if not controlled, or

[1] Wherever Man is used with a capital it is used as a synonym for mankind, and embraces both man and woman. It is unfortunate that the English language does not possess a special word, inclusive of both sexes.

if misdirected, it is very apt to crush its possessor.

The sex instinct in Man differs from the sex instinct in animals not only in quantity, i.e., intensity, but also in quality; the difference is not only one of degree, but also of kind. In the animal the instinct exists practically only for the purpose of procreation, for the perpetuation of the species; in Man it has a much higher value, much broader significance. Besides serving to perpetuate the race, it has a high individual and social value. For it is the basis of Love, which plays a paramount rôle in the psychic development of the individual, and in the establishment and development of society. To maintain that the sex instinct in Man is for the purpose of procreation only, is to belittle it, to vulgarize it, and to show a complete failure to grasp the psyche of modern man and woman.

It would be very interesting to study the innumerable ways in which the various plants and animals perpetuate themselves. From the ameba to man it is all full of wonder and beauty. It would be interesting to study the various processes of fertilization in plants; it would be marvelous to show you how the insects, reptiles, fish, birds and the higher animals come together and beget and bring forth their young. But space will

not permit. If this book should instil in you a desire for more knowledge, for further study, you can easily gratify your desire. We will have to limit ourselves to the study of Man, and in this book the male man particularly.

First of all we must learn something of the structure of the sex organs, that is, their anatomy; and then we will take up their normal functions, that is, their physiology.

Chapter Three

THE MALE SEX ORGANS

THE male sexual or sex organs, also called the Reproductive or Generative Organs, are divided into external and internal. The external, which are, so to say, outside of the body, are the Penis and the Testicles. The internal ones are the Prostate and the Seminal Vesicles. The most important, most essential of these organs are the testicles, because it is they that elaborate the Semen, without which no children could be begotten, and which is necessary in order to develop the *male characteristics*. Without the testicles a man would not be a man, and it is with the testicles that we will begin the study of the male sex organs.

THE TESTICLES

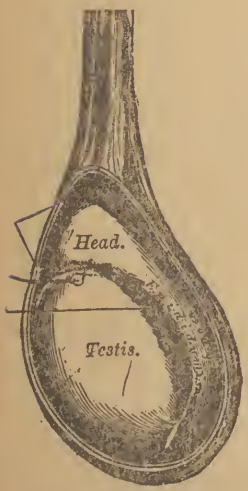
The testicles, also called *testes* (singular testis, plural testes), are two somewhat egg-shaped glands contained in a bag or pouch, called the Scrotum. The average size of the testicles is one and one-half to two inches long, one inch broad, one and one-quarter inches thick, weight: three-

quarters to one ounce. The two testicles in the scrotum are separated from each other by a partition, so that each one is in a separate compartment. The testicles are not lying loose in the scrotum, but each is suspended from a cord called the Spermatic Cord. The left spermatic cord is somewhat longer than the right, and so is the left compartment of the scrotum; the left testicle therefore usually hangs lower than the right. This is perfectly normal, as it should be, nevertheless many young men on becoming aware of this fact for the first time become frightened and think that there is something wrong with them. If they are unfortunate enough to consult a quack, he frightens them still more, and gives them medicine or advises an operation. A knowledge of this little fact will save you unnecessary worry.

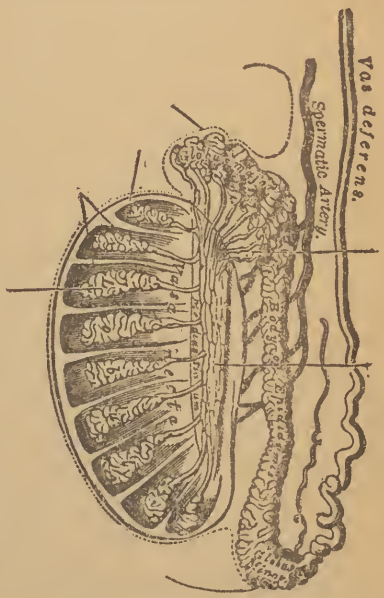
The testicles are extremely sensitive organs; a blow on them may cause the person to fall in a dead faint, and we must be careful to protect them from all injuries, for an injury to the testicles by a blow or fall may cause an inflammation, and an inflammation may interfere with the future *functioning* of the testicle; it may destroy its power to produce semen, or clog up the openings, preventing the semen from coming out. There are many men unable to have children because

in childhood they fell or received a severe blow or squeeze on the testicles. It seems an inexcusable blunder on the part of nature to have placed such precious organs, absolutely essential to the perpetuation of the race, in such an exposed and unprotected position. They should have been placed in a well-protected position in the body, the same as the ovaries, the female organs of generation, are.

The testicles are not solid bodies, but, as you will see from the illustration, consist of a number



THE LEFT TESTICLE



VERTICAL SECTION OF TESTICLE

of lobules or divisions, each one with its *duct* to carry out the semen; these ducts unite to form the EPIDIDYMIS, from which the semen passes into the *vas deferens.*

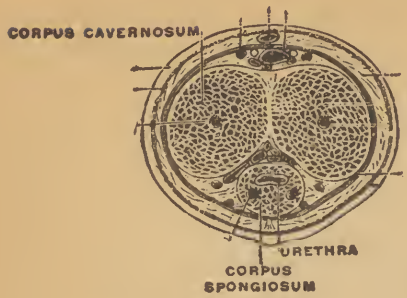
The epididymis lies on or embraces the upper and back portion of the testicles; it consists of three portions: a head, body and tail; the upper portion of the epididymis is enlarged, forming a head called the *globus major* (see illustration); then it goes down pretty straight, forming the body of the epididymis; at the bottom it again enlarges, forming a smaller enlargement, called the *globus minor.* The globus minor or tail bends upward, uniting with or being continued as the SEMINAL DUCT or VAS DEFERENS, which is the *excretory duct* of the testicle and carries the semen into the SEMINAL VESICLES and URETHRA. The canal or lumen of the seminal duct or vas deferens is exceedingly small, measuring only about 1/50 of an inch in diameter. It is not surprising that any inflammation, such as results from gonorrhea, is apt to clog it up entirely, *preventing* the *semen* from passing through.

At the base of the bladder each vas deferens becomes enlarged, forming a pouch, or little sack, called the *ampulla.* This ampulla acts as a little reservoir for the semen.

I have stated before that the testicles are not lying loose in the scrotum, but are suspended by two cords called the *spermatic cords.* These are not solid cords, but consist of the spermatic ducts or *vasa deferentia,* veins, arteries and nerves. The veins in the spermatic cord sometimes become enlarged, feeling like a bunch of worms; this condition is called varicocele, and we will discuss it in a future chapter.

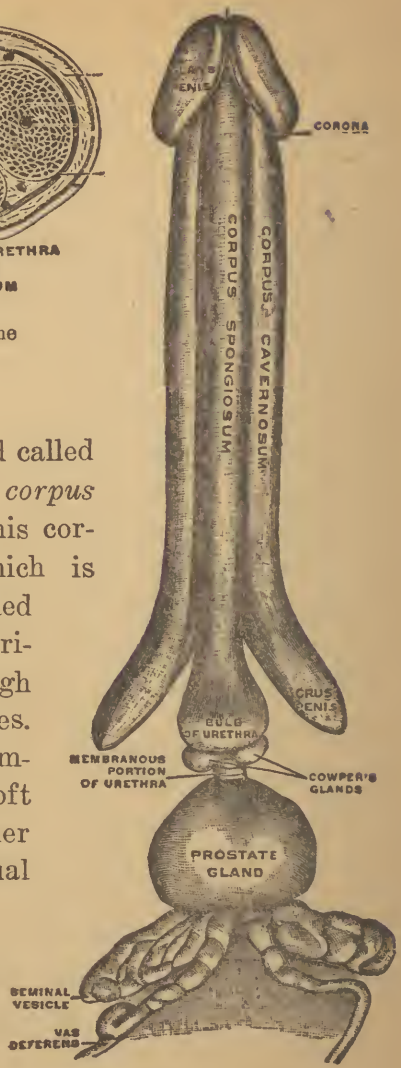
The penis or male organ, also called phallus (male member, *membrum virile*), is the organ of copulation and also of urination. It may be divided in three parts: the root, the body and extremity or *glans.* The part by which it is attached to the body is called the root; the rounded somewhat triangular portion in which it ends is called the *glans;* the ridge of the glans is called the crown or *corona;* the part of the penis between the root and the glans is called the body of the penis; the double fold of skin which covers the glans and can be pulled backward is called the foreskin or *prepuce.* To circumcise means to remove the foreskin.

If the penis is dissected it is found to consist of three distinct bodies, two on top, called the cavernous bodies or *corpora cavernosa;* and one on the bottom, fitting in the groove made by the



Transverse section of the Penis

cavernous bodies, and called the spongy body or *corpus spongiosum.* It is this corpus spongiosum which is perforated or tunneled by the *urethra* or urinary canal, through which the urine passes. Under ordinary circumstances, the penis is soft and flaccid, but under the influence of sexual



Penis, Urethra, Cowper's Glands, Prostate and Seminal Vesicles, seen from below and behind.

excitement or any other irritation it is apt to become stiff and erect. And this condition is called *erection.* In the soft relaxed condition the penis may measure from one to six inches in length; when erect it may measure between four and nine inches. The size of the penis and testicles is not a reliable criterion of man's sexual potency or virility. A person with large sexual organs may be completely impotent, and vice versa.

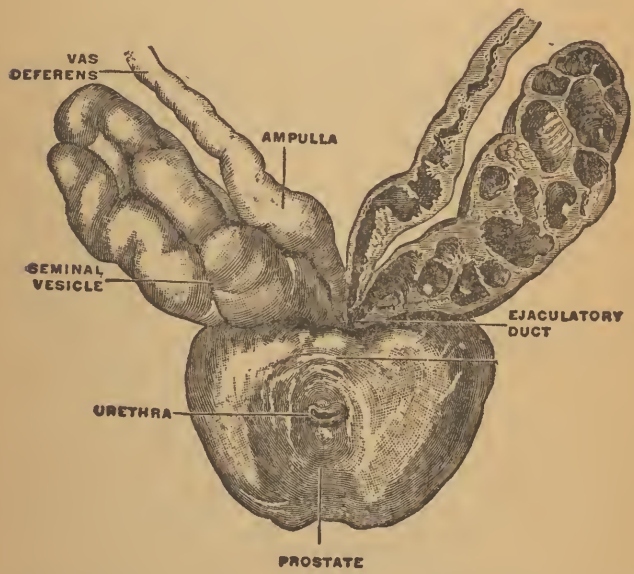
The glans of the penis belongs to the spongy body only; that is, it is formed by an enlargement of that body, and not of the corpora cavernosa. The little hole or opening which you see in the center of the glans is called the *meatus* or *meatus urinarius.* The urethra or urinary canal (urinary channel, water pipe) extends from the meatus to the neck of the bladder. The urine passes through it, as also does the semen. The urethra is a very important canal. It is lined with a delicate lining or mucous membrane, containing many little glands and *crypts.* This structure of the urethra is of great importance, for it renders the cure of certain inflammations, such as gonorrhea, very difficult, as we will see later on. The urethra is generally divided into two portions—the front portion or anterior urethra, and the back portion or posterior uretha. On the floor of the

posterior urethra is a narrow ridge or elevation called the *verumontanum,* or *caput gallinaginis,* which plays a great rôle in sexual impotence. On each side of the verumontanum there are the openings of the *ejaculatory* ducts and of the prostatic ducts. In other words, both the semen and the prostatic fluid are emptied on the floor of the posterior urethra, whence they pass out to the meatus and the outside.

We have learned that the seminal ducts or vasa deferentia are the tubes or ducts which carry out the semen from the testicles; but they do not always carry it directly to the urethra; they first bring it to reservoirs or receptacles, one on each side, called the *seminal vesicles,* or *vesiculæ seminales;* there the semen is stored up, until such time when it may be needed; from each seminal vesicle there is an excretory duct which uniting with the vas deferens of its side forms the *ejaculatory duct,* which during a sexual orgasm *ejaculates* or throws out the semen into the urethral canal. The seminal vesicles do not serve merely as reservoirs; they have a secretion of their own which forms one of the ingredients of the semen. The seminal vesicles measure about two and one-half inches in length, are lying above and to each

side of the prostate, and can be easily felt by putting a finger in the rectum.

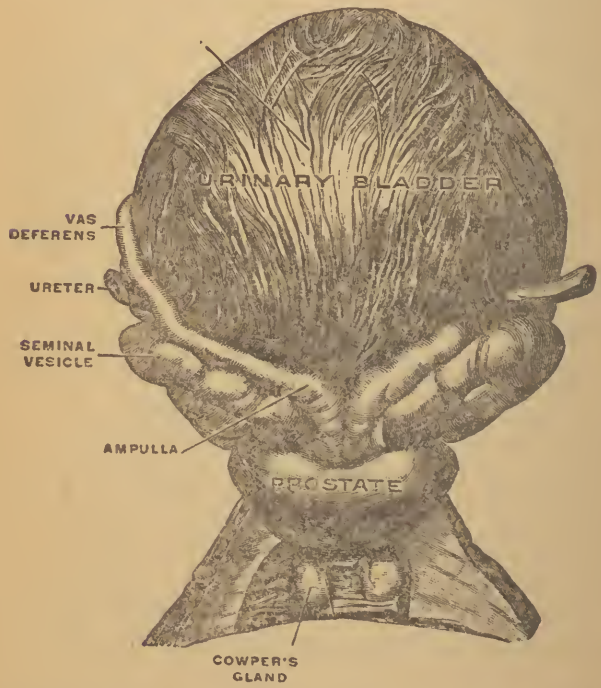
We have learned something—all you need know at the present time—about the testicles and their appendages, the epididymides, also the vasa deferentia, the seminal vesicles, the penis and the urethra. There is one more sex organ we have to consider, and that is the *Prostate.*



Prostate, Seminal Vesicles and Seminal Ducts seen from front and above.

THE PROSTATE

The prostate or prostate gland is a very important little organ, though it is but a short time since its importance has begun to be recognized. By putting a finger in the rectum it can be felt, examined and measured very plainly. It is the size



THE PROSTATE, AND SEMINAL VESICLES VIEWED FROM BEHIND

of a horse chestnut and perforated at about its center to permit the passage of the urethra and the ejaculatory ducts. (The part of the urethra which passes through the prostate is called the prostatic urethra; it is about an inch in length.) The prostate consists of both glandular and muscular tissue, it is surrounded by a tough covering or capsule, *secretes* a sticky milky secretion, which seems to be necessary to the *life and mobility* of the spermatozoids. A congestion, inflammation or enlargement of the prostate leads to a great deal of trouble, as we will learn in a future chapter.

Two other little glands may be mentioned: Cowper's glands. They are about the size of a pea, are situated just beyond and beneath the prostate, and have an excretory duct about an inch long, through which they empty their secretion on the floor of the urethra. Cowper's glands are not considered of much importance physiologically, but when the gonorrheal germs get into them and they become infected, as they often do in chronic gonorrhea, they contribute their share towards making a complete cure a difficult and sometimes an impossible task.

Chapter Four

THE PHYSIOLOGY OF THE SEX ORGANS

THE testicles are the essential sex organs. They manufacture the spermatozoa and without them there could be no perpetuation of the race. But outside of their reproductive function, which is of vital importance to the race, they possess another function, which is of the greatest importance to the individual. That function influences the strength, the development, the psychic life, the brain activity of the individual, in a remarkable degree, and by reason of this function the testicles are only second in importance to the brain itself. It has been known for thousands of years that the testicles manufacture a secretion, which is necessary for begetting children. (Some savage races even now do not know the causal relationship between intercourse and impregnation.) But it is only recently that we have learned that besides the spermatozoa, the testicles also manufacture an *internal* secretion, which is absorbed into the blood, and influences the phys-

ical growth and psychic development of the individual. This internal secretion is responsible for the *secondary* sex characters in man—for the growth of the beard, the hairy covering of the body, the masculine development of the bones and muscles, the male voice, etc. It also acts as an energizer of the whole body, stimulating the brain, the nervous system, the muscles, etc., and, last but not least, this internal secretion contains a substance, which has been named *libidogen,* whose action is to *stimulate the sexual desire.* It is seen that while the external secretion of the testicles, the spermatozoa, is what might be called the racial secretion, the internal secretion is necessary to the individual's welfare. While the internal testicular secretion has not yet been isolated and analyzed, we have no doubt of its existence. When the testicles are removed from a man or an animal the changes are unmistakable, and the earlier the testicles are removed the more marked are the changes.

The removal of sex. glands in either man or woman is called castration. A castrated bull is called an ox; a castrated stallion—a gelding; a castrated rooster—a capon, etc. And nobody can fail to note the difference between a castrated and a non-castrated animal. The non-castrated male

animal is full of fire, aggressiveness; he is mentally bright and fearless. The castrated animal is dull, apathetic, patient, and is just good for a beast of burden. When a boy is castrated in childhood or early youth he fails to develop into a man. His voice always remains high pitched, no hair grows on his upper lip or face, and the whole skeleton and muscles assume feminine characteristics. But not only physically is there a lack of development, mentally he also never grows up. He remains shy, retiring, avoids female company, and is in most cases very dull mentally.

Sufficient has been said to show the great importance of the testicles for the race and the individual, and you will therefore understand how any abuse of the testicles is apt to affect the entire organism—body and mind.

The function of the prostate gland is, as mentioned, to secrete a fluid which seems to be necessary to the *mobility* of the spermatozoa. For when removed directly from the testicles, the spermatozoa have little motion of their own. It is also claimed that the prostatic secretion furnishes nourishment to the spermatozoa. It is now also believed by some sexologists that the prostate, besides its external secretion which forms a part of the semen, has an internal secretion of its own.

The secretion, however, has not been isolated and what its effect is on the economy of the body is not known.

It used to be assumed that the seminal vesicles are merely reservoirs for storage of the semen. This opinion has undergone a radical change. Only a small portion of the testicular secretion is stored in the seminal vesicles; the secretion that we find in the seminal vesicles, which we can squeeze out by massaging the vesicles, is contributed by the vesicles themselves; for it has been found that the vesicles are not merely receptacles, but are like glands and have a secretion of their own.

Cowper's Glands and the glands of the urethra known as *Littré's glands* give out a secretion which has an alkaline reaction. This secretion takes place under the influence of sexual excitement and serves to render the urethral canal *alkaline;* the urethral canal, especially soon after the act of urination, has an acid reaction, because the urine is acid. Spermatozoa are readily affected and destroyed by acids, and the secretion from Cowper's and Littré's glands *neutralizes* the acidity of any moisture that may be in the urethra, and which would interfere with the vitality of the spermatozoa.

THE SEMEN

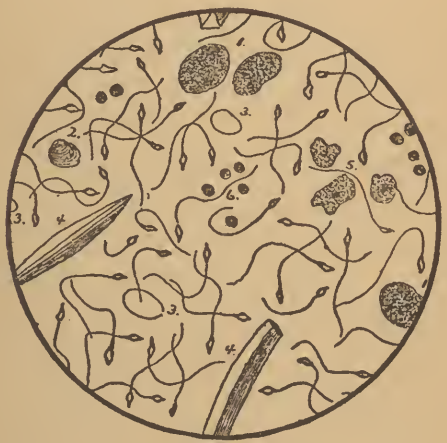
The semen is a thick viscid fluid of a peculiar odor not possessed by any other substance. It is the fluid necessary to impregnate a woman. We apply the word semen to the fluid elaborated by the testicles, but this is not quite correct. The fluid elaborated by the testicles should be called the sperm, sperma or spermatic fluid: that contains the *spermatozoa* in a fluid medium, in which they float. But the semen as it comes out from the urethra is a mixture of several secretions: the spermatic fluid from the testicles *plus* the secretions from the prostate, the seminal vesicles, Cowper's glands and the glands of the urethra. It is questionable if the spermatic fluid alone would be capable of impregnating the female ovum: the other secretions, particularly that from the prostate, seem to play an important adjuvant rôle. Some believe that these secretions furnish *nourishment* to the spermatozoa, in the interval between their ejaculation and their union with the ovum; the spermatozoa may have to hunt several hours or days in the woman's uterus or tubes before they happen to strike an ovum: this is a hypothesis which cannot be proved or disproved, and we may ac-

cept it tentatively. The principal fact is that for semen to be healthy, fertile, it must contain all the secretions in a healthy normal condition. When the prostate or seminal vesicles are diseased, the fertility of the semen may be diminished or altogether destroyed, even if the spermatozoa are numerous and seem to be perfectly well-formed.

SPERMATOZOA

When we examine a drop of semen under the microscope, we will find floating and wriggling and lashing their tails thousands of little bodies, shaped like pollywogs and having all the appearance of independent little animals. No wonder that the first microscopists thought they were little animals, and called them animalcula and spermatozoa or sperm-animals. The name is a bad and misleading one: by association we cannot help thinking of them as of little animals or independent germs. They are not. They are just cells, capable of motion. Hence it is preferable to call them zoosperms, spermatozoids or just spermia. But even if they are just cells, they are the most wonderful cells in all creation. They are the smallest cells in the body (while the female ova or eggs are the largest). They are manufactured in immense numbers. It is estimated that during

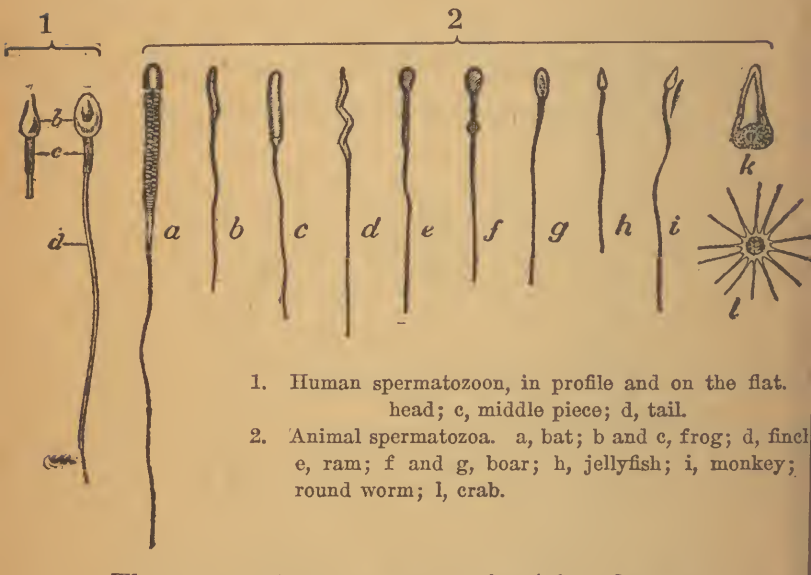
intercourse each ejaculation contains about two million spermatozoa! (And some say two hundred million!) And of these each one carries in it the impress of the entire man. When the spermatozoon pierces an ovum, fertilizes it and it develops into a fetus or child it has transmitted to it all the characteristics of its author or progenitor: not only all the physical characteristics, such as



SPERMATOZOA

stature, color of hair, eyes, but even such subtle characteristics as temperament, brain power, longevity, etc., etc. The most powerful microscope, the most subtle chemical analysis cannot

differentiate between the spermatozoon of one man and that of another, and still one may be a miniature Newton, Hugo, or Goethe, and the other a brutish imbecile or a habitual incorrigible murderer.



1. Human spermatozoon, in profile and on the flat. head; c, middle piece; d, tail.
2. Animal spermatozoa. a, bat; b and c, frog; d, finch e, ram; f and g, boar; h, jellyfish; i, monkey; round worm; l, crab.

The spermatozoa or spermia (singular: spermatozoon and spermium), a good illustration of which appears on this page, consist of a head, neck, body and tail or flagellum. The head is oval, but flattened, and therefore pear-shaped, when viewed in profile. The top part of it, by which it pierces the ovum, is called the head-cap or perforator. The tail acts as a propeller and it is by

the aid of its lashing, wriggling movement that the spermium is capable of independent motion. It is estimated that a spermium can travel an inch in about seven minutes.

The process of secreting or, to use a better term, generating the spermatozoa is called spermatogenesis. Spermatozoa readily lose their vitality on coming in contact with any *acid,* or any medium which has an *acid* reaction.

Chapter Five

PUBERTY AND THE AWAKENING OF THE SEX INSTINCT

PUBERTY (from the Latin *puber*—ripe) is the age at which the boy or girl reaches sexual maturity. Numerous wonderful changes take place in a boy's development during that period. The sexual organs increase rapidly in size, the testes becoming eight times as large, hair appears on the pubic region and in the armpits, the entire body acquires a more or less pronounced hairy covering, the shoulders become broader, the chest deeper, the boy grows several inches in height, the arms become awkwardly long, the voice becomes considerably deeper, changing from a treble to a tenor and from an alto to a bass, hair appears on the upper lip and a little down shows on the face —and above all the sex instinct awakens, and the boy's desires, which up to that time were vague, undefined and undefinable longings, now become definite, with a definite object in view. At that time he is also apt to get his first nocturnal emission which frightens or puzzles him so much.

The usual age at which puberty occurs in boys in our country is between thirteen and fifteen; some boys reach it at the age of twelve, others not until sixteen, very rarely seventeen. But while the boy is sexually mature, that is, his semen contains spermatozoa and he can impregnate a woman at thirteen to fifteen, it does not mean that he is fully mature physically. He continues to grow and strengthen the organs until the age of eighteen or twenty, and it is only then that he is biologically fit to marry. If he should beget children before that age, they would be apt to be weak and rather undersized, though not necessarily so. It would probably be better from the physical, and surely from the social and economic point of view, if no man became a father before the age of twenty-five, or at least twenty-two.

The prevailing idea is—and you will find it so expressed in some of our sex books—that up to the age of puberty, the boy and girl do not really differ much from each other, that they are neuter beings without any sex feeling, and that it is only with the advent of puberty that the sex instinct awakens, and the boy becomes a boy and the girl a girl. This idea is erroneous. The sex instinct is present in the child from the moment of its birth, and just as the male child is physically dif-

ferent from the female child, so it differs psychically though not to the same degree. And the sex instinct is quite active in boys of four, five and six. Not only do they experience a strong attraction for members of the opposite sex, but a boy of five or six can fall violently in love with a young or middle-aged woman, and suffer acutely when the object of his "love" is denied him, or he has to part from her. Various sexual practises are also very frequently indulged in by boys five to ten years old, either with little girls or boys. As a result of proper bringing up, of the development of the feeling of shame, of remonstrances and injunctions of the parents, of the fear of punishment, a quiescent stage supervenes, during which the instinct is apparently dormant, to awaken in its full intensity with the advent of puberty. In many boys, however, there is no dormant stage, the sex instinct exhibiting a greater or lesser degree of activity from the age of five or six onward. And in many the instinct becomes extinct only when life does.

The question of the early activity of the sex instinct is not of academic interest only: it is of great practical importance. For if the sex impulse is active during the earliest infancy and childhood, it stands to reason that the child, hav-

ing no knowledge or experience to be guided by, is apt to develop some very injurious habits and even perversions. And as a matter of fact, *this is so.* When we analyze certain perversions and nervous disorders from which men (and women) suffer, we often find that their origin lies back in some experience which the patient had in his earliest childhood. It therefore also stands to reason that infancy and childhood are periods during which children (male and female, but particularly male) must be guarded from injurious influences most carefully, most painstakingly.

Chapter Six

SELF-ABUSE OR MASTURBATION

THE subject I have to discuss with you in this chapter is not a very pleasant one. Indeed it is a distinctly unpleasant one. But pleasant or unpleasant, we can not shirk our duty. You have probably heard or read a good deal about the practise of self-abuse or masturbation, also spoken of as the solitary vice. The quacks to whom I referred in a previous chapter are picturing the results of this habit in the most lurid colors. It constitutes one of their chief stocks in trade; for as most boys have masturbated at one time or another, they are sure to get some victims, if they only succeed in getting their "literature" into the hands of boys and young men. And unfortunately many of the books written by reputable physicians are not very much better in *this* respect. They all greatly exaggerate its evil results. At one time masturbation was considered the cause of a large number of terrible diseases; consumption, idiocy, insanity, cancer, locomotor

ataxia are only a few of them. Now a great change has taken place in our conception of this habit; some physicians have even gone to another extreme and consider it a perfectly normal phenomenon and not at all injurious. The truth, as in most cases, will be found in the middle. I promised to tell you the truth, and the truth you shall have.

Masturbation or self-abuse is not a crime, nor a vice; it is merely a bad practise, and it is a bad practise because it is apt to lead to the *habit* of masturbation, which *is* a decidedly bad and injurious thing. The *occasional* indulgence in masturbation is *not* injurious, and if it could always be kept within proper bounds, it would not be necessary to make a fuss about it and devote reams of paper to a description of its evils. But this is just the trouble; we can never be sure. It is a practise which is apt to grow on a person, it weakens the will, and before one knows it, it is apt to become a habit, difficult or almost impossible to break. And when one becomes a slave to a habit, and indulges in it to excess, he is pretty sure to weaken his constitution, to retard his physical and mental development, and eventually to make a wreck of himself. And you don't want to do that, do you?

Therefore if you never indulged in the practise,

don't begin; and if you are indulging, try to give it up. For the sake of your body and your mind, give it up. If it is difficult for you to give up at once, give it up gradually, making the intervals between indulgences as long as possible, and apply to a competent physician who will help you to overcome the habit if you have become a slave to it. I don't want you to misunderstand me. I do not mean to say that *every* boy or young man who masturbates moderately ruins his health or weakens his mind. On the contrary, the vast majority of healthy normal boys get over the practise unscathed; when they get older, they give it up and are not any the worse off for it. But you note that I said *healthy normal* boys; not all boys are healthy and normal; and on weak, nervous or somewhat abnormal boys the practise may exert a terribly injurious effect; their will-power may become weakened, and then they may not be able to break the habit. And even perfectly healthy boys if indulging to great *excess* may ruin themselves irretrievably.

You need feel no shame or disgrace in acknowledging your habit to your father, mother or physician. You are not something unique in this respect, for at least ninety out of every one hundred men have indulged in the practise of self-abuse

more or less. Some say ninety-nine or one hundred out of every one hundred; in other words, that *all* men without exception indulge in the practise more or less. But this is not true, as I know for an absolute certainty. But the percentage is so large that when a patient comes to us for treatment for some sexual or venereal disorder, we do not ask him if he ever indulged in the practise of masturbation or self-abuse; we take that for granted. We only ask him if he indulged to excess, how old he was when he started and at what age he gave it up. Therefore *feel no shame or disgrace;* it is not a moral or religious question. It is purely a physical question, and it is immoral only in the sense that every habit which weakens the body and the mind, and is apt to render us unfit to procreate vigorous and bright children, is immoral. Of course, if you do not care whether or not you are weakened in mind or body, if you do not mind to go through life as a weakling who is of no account, if you are so devoid of ideals or moral fiber that you do not even care if the offspring you are sometime going to bring into the world will be fit or unfit, then I have nothing to say to you. This book will do you little or no good.

Is this preaching? Not at all. I am telling you

the facts unvarnished and unexaggerated as I know them, and I leave it to you to take your choice.

"Suppose I am indulging in the practise of self-abuse and have decided to give it up. What shall I do?" The way to give up this as any other habit is *to give it up*. Will-power is the first and foremost factor. No preaching, no frightening will have any influence if you have no real desire to give up your habit, if you are incapable of exercising any will-power. I do not mean to say that we have no aid to offer you, that we cannot do a good deal to facilitate your struggle, to help you bear your critical days, but you yourself *must want* to get rid of the habit, must exercise your utmost will-power, and then working together you may hope to succeed.

I do not say that it will always be an easy matter. In some cases the struggle is an exceedingly hard one, and *you* may think you may never be able to overcome it. But, I repeat, if you sincerely and deeply wish to overcome it, and if you bear in mind that you are neither a criminal nor a vicious degenerate, and that the stopping of the habit is merely for your own good, and for the good of your future wife and children, you will come out victorious.

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There is one point that I must call attention to. If the masturbation affects you badly and you give it up, you may not experience any improvement at once. On the contrary, for a time you may feel very much worse, more restless, more irritable. But if you know beforehand that it is temporary, that the breaking of every habit, for instance the tobacco habit, the alcohol habit, is followed by disagreeable effects for a time, you will not worry, you will not think that the self-abuse has ruined you forever, but you will be the more ready to gather all your dormant energy to overcome your weakness.

NO SUCH A THING AS MASTURBATOR'S FACE

Many boys and young men are afraid that the habit can be recognized on their face and in their general demeanor. This is foolish. There is no such a thing as a masturbator's face; pimples are no sign of masturbation, and on the other hand a non-masturbating boy may be exceedingly shy, bashful and retiring. Nobody can recognize by your face that you have been masturbating, and do not make hasty conclusions in judging others.

I am laying emphasis on this point because, in my opinion, there are few beliefs that have caused greater mischief than the erroneous idea that

there are unmistakable tell-tale marks by which we can know positively whether or not a person is a masturbator. Of course if a boy or young man masturbates to excess, he may become anemic and his face may get a pale, dingy look, with rings around the eyes, etc. But these facial characteristics do not differ in any way from those produced by many other diseases. A bad stomach, insomnia from any cause, a congested prostate, hemorrhoids, etc., may produce the same facial appearance. It is peculiar that a person may look the picture of health, but having heard or read that masturbation may be diagnosed by merely looking at one's face, he will begin to imagine that this is the case with him, and that everybody knows that he was addicted to the habit.

I have had a large number of such cases. One is worth alluding to in some detail.

The patient was a man of twenty-six, in perfect health, and as perfect a specimen of manhood as one wants to see. For fear of venereal infection he avoided sexual relations, but masturbated moderately about once a week or once in five days. There was nothing the matter with him and his health was not impaired in any way. He then heard some people talk about masturbation, and one said that it could always be recognized on a

man's face. He then got hold of some quack booklet on the subject, and there the same opinion was expressed. From that time on he began to imagine that everybody was looking at him either with pity or with scorn. The most innocent remark, which had no reference to him whatever, he misinterpreted as referring directly to his habit. He was a salesman, always well-liked and sympathetic, and had a good trade, but his usefulness and his success became greatly impaired, because, believing that people were looking at him, he became self-conscious, shy, lost his courage and self-assertiveness.

I listened to his story carefully and sympathetically, assured him that it was all bosh, that there was not the slightest sign on his face to indicate anything, convinced him that practically everybody would have to have some tell-tale marks on his face, for the habit was practically universal, showed him "in print" that the so-called "masturbator's face" was an invention of the ignorant and of quacks, and he immediately felt better. He quickly regained his courage and his self-assurance and began to attend to his business as well as ever. Had he fallen into the hands of quacks he would most likely have become an incurable hypochondriac or sexual neurasthenic.

FEAR OF EVIL RESULTS WILL CAUSE EVIL RESULTS

This is a very important point. That many of the symptoms and evil results of masturbation are due not to the masturbation itself but to the *fear* that masturbation produces deadly results, is proven conclusively and definitely by the fact, that after we have had a talk with the patient and explained to him that many of the symptoms are the result of his fear and his imagination, they quickly disappear and the patient begins to improve at once. The patient may come to your office a complete, pitiable wreck. His complaints are headache, lack of sleep, poor appetite, constipated bowels, loss of memory, inability to concentrate, lack of ambition, constant fear that some misfortune is going to happen, shyness before everybody, male and female, inability to talk in public, suicidal ideas, etc., etc. By a careful analysis you separate the wheat from the chaff, that is the real symptoms from those which are merely the result of fear induced by reading quack literature, you explain to the patient his true condition, without minimizing or exaggerating anything—and lo! almost before you stop talking the patient has a more hopeful expression, a better color in his face, and he begins to go rapidly on

the road to recovery. I could relate hundreds of such cases from my practise, but they would be a mere monotonous repetition. I will therefore merely emphasize what I said before, that the lurid picturing of the evil results of masturbation has done a hundred times more harm than masturbation itself.

One more point. Some good souls may question the advisability of telling the people that masturbation is not such a terrible habit as they were always led to believe. They may say that this might aid in the spread or in the maintenance of the habit. Quite the contrary is the case. As I have expressed it in another place:

"In my opinion stigmatizing even the most moderate indulgence in masturbation as a vice, has a deleterious effect on the people who so indulge, and makes it harder for them to break off the habit. Every thinking physician and every thinking parent can tell you that picturing the masturbatory habit in too lurid colors and stigmatizing it with too strong epithets, has as a rule the contrary effect to the one expected. The victims of the habit consider themselves degraded, irretrievably lost. They lose their self-respect and it is on account of that harder for them to break themselves of the habit.

"We will accomplish a good deal more with our youthful and older patients, if we leave alone altogether the moral side of the question and emphasize but do not exaggerate the physical injuriousness of the habit. We do not want to diminish the self-respect of our boys and girls, we want to increase it; and we cannot do it if we make them believe that a masturbator is a vicious criminal. Inspire your patients with confidence, tell them that continuance in the habit may jeopardize their future growth, physical and mental health and happiness, and you will find it easier to handle them."

In conclusion, I will say that I could give the life-histories of hundreds of people who, as boys, practised masturbation quite regularly and steadily, but have grown up to be healthy, energetic, successful men, the habit apparently having produced no ascertainable effect, either upon their physique or upon their mentality.

* * *

Against the wilful misrepresentation of the evil-minded nothing will avail. But to obviate any honest misunderstanding on the part of sincere seekers after truth a few words may not be out of place. This chapter is not a justification of, much less a plea for, self-abuse. But it is a plea for a

sane attitude towards a universally prevalent phenomenon, which is purely physical in character; it is a plea against senseless and injurious exaggerations, against characterization of people as criminal and vicious who at the very worst are only weak; it is a plea for fact against fancy. In short, it is a plea against driving people, through feeding them upon falsehood, into neurasthenia and melancholy, who, through the truth, can be made quickly into normal, healthy and life-enjoying men and women.

Chapter Seven

PREVENTION OF THE MASTURBATION HABIT

WHEN a patient comes to us suffering from the masturbation habit, it is too late to speak of *prevention*. But as this book will be read by many parents who are anxious for the welfare of their growing children, a few words about the prevention of masturbation are not only appropriate but necessary.

The keynote of preventing the habit is, carefully to watch the child from its earliest infancy. We know that not infrequently stupid or vicious nursemaids, wet-nurses, even governesses ignorantly or deliberately induce the habit in children under their charge. This, of course, must be prevented. Even children of the age of nine, ten, eleven years should not be left alone, but always be under supervision. Too close friendship between boys or girls, particularly of different ages, should be looked upon with suspicion. Boys of fourteen, fifteen or sixteen years of age do not,

as a rule, make good companions for boys of ten or eleven.

A number of boys or of girls should never sleep in the same room without supervision by an older person.

The sleeping together of two in the same bed, whether it be two children or a grown person and a child, should not be permitted under any circumstances. I admit of no exceptions to this demand. It makes no difference whether the other person is a mother, a father, a brother or a sister. Leaving out of the question any *deliberate* element, the thing is dangerous; for, very often, unintentionally, unwittingly, masturbation is initiated by this intimate contact.

The child—boy or girl—should sleep alone, on a rather hard mattress. The covering should be light. A coverlet may be put over the feet. The child should always sleep with the arms out upon the cover or blanket, never *under* the same. If this is done from childhood on, it is very easy to get used to this way of sleeping, and many a case of masturbation will thus be obviated. The child should not be permitted to loll in bed; it must be taught to get up as soon as it awakes in the morning. The general bringing-up must be of a strengthening, hardening character; and this ap-

plies both to the body and the will. When the child reaches the age of nine, ten, eleven, twelve or thirteen years (we must use discrimination and judgment, for some children of nine are as developed as are others of thirteen), we must tell them that it is bad and injurious to handle one's genitals, and we must warn them to shun any companions who wish to initiate them into any manipulations of these parts or who show an inclination to talk about the sexual organs and sex matters.

Hot baths are very injurious for young children in their influence in this direction. There is no question that a hot bath has a very decided stimulating effect upon the sexual desire of adults as well as of children, both male and female; in fact, I have had several patients of both sexes tell me that their first masturbatory act was committed while they were in a hot bath. Of course, the sensation having been pleasurable, they kept on repeating the experience.

There is one little point about the garments of boys to be borne in mind: their trousers should be made without pockets. Namely, by their constant fiddling about with their hands in their pants' pockets, they frequently get into the way of masturbating, and many even will make a hole

in the lining, to enable them thus to carry on the practise.

Furthermore, every factor liable to give rise to the habit should be removed. Thus, for instance, phimosis, eczema about the genitals, strongly acid urine, seatworms, and the like, should be treated and removed. The prepuce as a factor in leading to masturbation has never been sufficiently emphasized. However, the prepuce *is* a great factor, so that circumcision often becomes imperative and should not be neglected.

That anything having a tendency prematurely to awaken the sexual instinct should be rigorously avoided goes without saying. Musical comedies and certain vaudeville shows exert a pernicious influence in this respect. I do not demand any censorship over our theaters, I simply am stating facts. Many of my patients told me that their first masturbatory act took place when they were attending some musical show. Much as I believe in freedom, I nevertheless would strongly urge parents to keep their boys away from sensuous musical comedies and obscene vaudeville acts.

PSYCHIC MASTURBATION

Some young men, having heard of the injuriousness or sinfulness of masturbation, give up the

habit; that is, they give it up as it is usually practised, but they do not give it up altogether. They practise what we call mental, abstract or psychic masturbation; that is, they concentrate their minds on the opposite sex, upon lascivious pictures, imagine all sorts of things, until ejaculation takes place. They think that as long as they do not do anything manually, everything is all right. There is no greater error. For of all kinds of masturbation, this sort of psychic masturbation is the most baneful, most injurious and most likely to lead to neurasthenia and to impotence. For in order to induce an ejaculation by mental processes, an extreme degree of congestion of the sexual organs and very high nervous excitation are necessary, and injury to the sex organs and to the nervous system is unavoidable.

Psychic masturbation should be avoided by all means, and if masturbation must be indulged in, if the person is too weak to abstain from it altogether, then the manual habit is preferable, because much less injurious physically and psychically.

Chapter Eight

POLLUTIONS OR WET DREAMS

BY the term pollution, or night emission, vulgarly known as wet dream, we understand an emission of semen occurring during sleep. The emission is usually accompanied by an erotic or sexual dream. That is, the patient dreams that he is playing, fooling with, or is having relations with a person of the opposite sex. As with masturbation, the advertising quacks greatly exaggerate the evil results of pollutions; they claim that pollutions invariably lead to sexual impotence, to loss of memory, to mental and physical decay, to insanity. On the other hand, some doctors are trying unduly to minimize the bad results of pollutions. Here is the truth of the matter:

If you have a pollution once a month, once in three or two weeks or even once a week, and if you do not feel weak, languid or debilitated the following day, then you may disregard them. They are what we call physiologic or normal pollutions. The seminal vesicles and ampullae be-

come distended with semen, and it must find a way out. But if the pollutions occur more than once a week, then they are abnormal or pathologic and you must lose no time in consulting a reputable physician. You must do this even if you feel good and buoyant after, for there is danger of a *pollution habit* being established, so that you may have pollutions every night or even several times a night. On the other hand, if the pollutions have a distinctly weakening effect on you, you must also consult a physician, and that regardless of their frequency. That is, if you have pollutions once in two or three weeks, but if you feel distinctly bad after them, you must have yourself treated and follow the doctor's advice.

If pollutions are neglected, serious symptoms may result. For instance, a patient who is a severe sufferer from pollutions may complain of headaches, of pains in the back of the head, of weakness in the muscles of the neck and of the spine, of a general uncomfortable sensation in the perineal region. He may also complain of migraine, or spots floating before his eyes, and in some cases he may get black rings around the eyes. His tongue is generally coated, he either has no appetite, or he eats voraciously, he is constipated, though occasionally the constipation al-

ternates with diarrhea; he may have attacks of nausea, vomiting, severe heartburn. The digestive disorders may bring about a great loss of flesh. He may be unable to walk upstairs or run after a car without getting out of breath, and palpitation of the heart is very common; this palpitation may occur after the slightest physical effort, after stooping, after eating, or after the slightest mental excitement, or after each seminal loss. There is a general feeling of languidness and lassitude; his legs feel hot and heavy in the afternoon, and he may also experience neuralgic pains in the testicles.

But serious as the physical symptoms may be, the mental symptoms may be more so. The most prominent of those symptoms is a LACK OF CONCENTRATION, inability to work steadily and continuously. A person suffering with frequent nocturnal or diurnal pollutions and spermatorrhea can seldom hold a good position requiring steady mental concentration or initiative. He may work in spurts and turn out good work, but he cannot do it steadily. Every once in a while his mind becomes a blank and he is then, as he expresses it, "good for nothing."

Another striking symptom is "LACK OF AMBITION." This is not a fanciful term, but expresses

a true state of affairs. The patient does not care what happens; he does not care whether he is successful or not; he is "over-satiated" with life. Another distressing symptom is Loss of Memory. This loss of memory in subjects suffering with excessive seminal losses, from whatever cause, has always been an extremely interesting subject to me. It shows, as nothing else can, the intimate relationship between the brain and sexual organs. The *excessive* drain of a vital fluid cannot but eventually affect the brain. And it is remarkable that as soon as you succeed in stopping the pollutions or the spermatorrhea, the memory returns.

As is seen, the symptoms caused by too frequent pollutions may be very serious indeed, and those who, in order to keep young men "pure," try to minimize their importance are just as dishonest as are the quacks who try to exaggerate their evil consequences. Pollutions, I repeat, unless comparatively rare, must not be neglected. They must be treated.

The treatment is both medical and hygienic. The medical treatment we must leave to the physician; the hygienic treatment is simple and consists in avoiding all kinds of irritation: alcohol in all its forms must be avoided absolutely, coffee

and tea are also best cut out. Very little liquid should be used in the evening, and the bladder should be emptied just before going to bed; it is well to establish the habit to get up in the middle of the night to urinate, for a full bladder is a frequent cause of pollutions. Constipation should also be guarded against. A full rectum, by pressing on the prostate and the seminal vesicles, is apt to cause an emission. It is therefore well, if there is any constipation, to take a small enema (rectal injection) in the evening, so as to clean out the rectum. The mattress on which you sleep should be rather hard, and you should learn to sleep on the side, preferably the right side. Try not to sleep on the back. You may tie a light towel or bandage with the knot in the middle of the back; this will waken you if you happen to turn on your back. The covering should be light, but use an extra coverlet or pillow for the feet, for the *feet* must be warm. *Cold feet are not infrequently a cause of pollutions.* That you should avoid all mental irritation as well as physical irritation goes without saying. It would be useless for you to treat yourself and to expect to get cured of your pollutions, if at the same time you dally or fool with girls, dance the modern dances, read obscene or exciting literature, witness sala-

cious shows, or in general keep your thoughts centered on sexual subjects.

I do not want you to go away with wrong impressions. I do not want you to think that *every* case of pollutions can be cured by medical and hygienic treatment. But the vast majority can. In those cases that cannot, we must advise other measures. In certain cases we are obliged to recommend normal sex relations.

Diurnal Pollutions. Pollutions usually occurring during the night or during sleep are called nocturnal; when they occur during the day or while awake they are called diurnal. Diurnal pollutions occur in people whose sexual organs have been weakened by excessive masturbation or by too frequent night pollutions. When they occur they must be treated by a skilful specialist without delay.

Spermatorrhea means a running of semen. This is a condition in which the patient constantly or almost constantly, at the slightest exertion or excitement, loses a few drops of semen; in some cases there is almost constant oozing. This is a very grave condition, and needs very skilful treatment, but fortunately it is *very* rare. Many patients are frightened to death, thinking they are losing their semen, when as a matter of fact they

are losing some prostatic fluid or some secretion from the urethral glands; in other words, instead of suffering from spermatorrhea, they are suffering from prostatorrhea or urethrorrhea. When a person loses a few drops of semen while straining at stool, we call it *defecation spermatorrhea;* when the semen comes out at the end of micturition it is called *micturition spermatorrhea.* Both conditions are much less serious than true spermatorrhea, but nevertheless they require careful treatment.

Chapter Nine

SEXUAL IMPOTENCE

(Sexual Weakness, Sexual Insufficiency)

TO be sexually potent; that is, to be able to perform the sexual act properly, with satisfaction to the man and woman, several factors are necessary. Those on the part of the man are: (1) A normal sexual desire, what we call a normal *libido;* (2) He must be capable of having a proper erection; (3) The culmination of the act, what we call the *orgasm* during which the semen is ejaculated, must not take place too soon; that is, the man must be able to perform the act until the female partner is satisfied; (4) He must experience a distinctly pleasurable, voluptuous sensation during the act and during the orgasm. When any one of the above factors is weak or lacking altogether the man is said to be sexually weak or impotent. The impotence may be partial or complete, temporary or permanent. Sometimes only one factor is lacking, sometimes two or three or all four may be at fault.

Here are the principal varieties of sexual impotence that we have to deal with. (1) Lack of libido. The patient complains that he has no desire for women and doesn't care at all for sexual relations. He is able to have erections, but when he does have intercourse, the act affords him no pleasure. (2) The same as the first variety, only in addition to the lack of libido he is unable to have any erections. (3) Has a normal or even strong libido, but is unable to have any erections. (4) Has normal libido, normal erections, but the *ejaculations* are *premature or precipitate,* taking place soon or immediately *after* or even before intromission. (5) The patient has normal libido, normal erections, normal ejaculations (though as a rule they are premature), but his complaint is that he derives no pleasure from the act; when the discharge of the semen takes place he has no *sensation* whatever. In some cases, the matter is even worse, for instead of a simple lack of sensation, there is a feeling of scalding or burning, during the passage of the semen. (6) There is libido and good erection, but the ejaculation takes abnormally long, until he and his partner are exhausted, or the ejaculation fails to make its appearance altogether. (7) The man has no libido, no erection, no ejaculation, and if by various ma-

nipulations a slight ejaculation is effected, it affords no pleasurable sensation whatever. Sex does not exist for him.

Those are the seven varieties of impotence, but of these classes, three and four are the ones that we have to deal with *most frequently*. And of the two classes, class four, that is, premature ejaculation or emission (*ejaculatio praecox*), is the more common.

We generally divide impotence into two classes: organic and psychic. In organic impotence we can find a plain distinct cause, like for instance an inflammation, disease of the testicles, a diseased prostate, etc. In psychic impotence the cause often lies in the patient's mind; he is really not impotent, but he fears or imagines he is. In the first case the treatment must be medical, like that of any other real disease; in the second variety mental or psychic treatment is often alone sufficient. When impotence is due to old age it is called senile; senile impotence is physiologic.

THE CAUSES OF IMPOTENCE

Masturbation. This is a very common cause, because, as I have stated before, practically every human male begins his sexual life with masturbation. And while the habit, if commenced fairly late

and practised moderately, in the majority of cases leaves no ill effects, there is no question that if commenced at the age of ten, twelve or fourteen and indulged in immoderately, it may lead to relative or complete impotence, temporary or permanent.

Pollutions. Pollutions of rare occurrence or of moderate frequency are harmless. But if frequent and long continued they may ultimately lead to impotence.

Prostatic Congestion. An inflamed or congested prostate is often the cause of impotence, but not invariably so.

Urethral Congestion. Congestion of the *prostatic* urethra is a frequent and well-established cause of sexual impotence, particularly of premature ejaculations.

Gonorrhea. Gonorrhea is one of the great causes of sexual impotence, ranging probably next to masturbation in this respect; not, however, gonorrhea, by itself, directly, but by its sequelae. Just as by its causing inflammation of the epididymis and testicles it is one of the principal factors of sterility, so by its causing congestion of the posterior urethra, prostatitis, etc., it is one of the principal factors in relative sexual impotence and premature ejaculations.

Stricture. This sequel of gonorrhea plays a decided rôle in causing *relative* sexual impotence, that is, imperfect erections and premature ejaculations.

Organic Causes. There are certain organic conditions of the penis and testes which render intercourse either physically impossible or very difficult, or at least unsatisfactory. Such, for instance, are: congenital absence of the penis or its loss from ulceration; hypertrophy of the penis, its size being so large that it cannot be introduced into any vagina; tumors; torsion, where the penis is twisted or bent in a vicious direction, so that intromission is difficult or impossible. Epispadias, or the condition in which the urethra opens on the upper surface of the penis, and hypospadias, where the opening is on the under surface, are usually, but not necessarily, accompanied by impotence: it depends a good deal on the extent and the location of the defect.

Abnormalities of the Testes. Complete congenital absence of the testes is of course accompanied by lack of libido and lack of potency. As a general rule this is also true of *cryptorchids*, where both testes are in the abdominal cavity.

Atrophy of the Testes. When atrophy of the testes is caused by a general constitutional or by

local disease, or by masturbation or sexual excess, it is accompanied by loss of libido and by impotence. But this is not invariably true when the testes are lost through accident or castration. As a general thing, loss of the testes does lead to complete impotence, but there are numerous exceptions. And the usually prevalent opinion that eunuchs are incapable of sexual intercourse has been shown to be erroneous. Some castrates are very powerful in this respect.

Hydrocele. If excessive, this may become a mechanical cause of impotence.

Hernia or Rupture. A scrotal hernia may be and often is a mechanical cause of impotence. The penis is not sufficiently large to protrude, so to say, above the scrotal mass.

Varicocele. In the mind of the laity, the relationship between varicocele and impotence is well established; this opinion has been fostered by the quacks, who diagnose varicocele, whether it exists or not, and who advise an operation for this affection as a cure for all ills of a sexual nature. Where the varicocele, however, is well pronounced and extreme, it may be the cause of impotence, but as a rule varicocele is not of much importance.

Diseases of the Prostate Gland. Any abnormality of the prostate, such as hypertrophy, pros-

tatitis, is apt to lead to sexual impotence. In prostatitis, the same as in prostatic congestion, mentioned at the beginning of the chapter, it is usually temporary, and relief of the prostatic condition removes the impotence. It is well to bear in mind that in prostatic trouble, diminished sexual power or premature ejaculation may exist *simultaneously* with an increased sexual desire.

Phimosis and preputial calculi may be serious hindrances to the proper performance of the sexual act. They are a frequent cause of premature ejaculations. I mentioned preputial calculi. Sometimes it is not calculi, but just dirt, and the amount of it under some foreskins is simply incredible.

Age. This is, of course, a very important factor, for all men become impotent if they only live long enough. But if we attempt to answer the question, at what age men become impotent, at what age is impotence physiologic, normal, we find we cannot do so; for in the sexual sphere more, perhaps, than anywhere else, is each man a law unto himself.

In many men the sexual power begins to decline at the age of forty and becomes extinguished at the age of fifty. Many men are just as powerful at fifty and fifty-five as they were at thirty, while

not an insignificant percentage remain perfectly potent and ardent at the age of sixty-five, seventy-five and later.

Sexual Excess. Sexual excess may, per se, be a cause of impotence. Every physician who has sexual diseases to treat can testify to that. Fortunately in almost all such cases the impotence is only temporary, though the former vigor may never be regained. As a rule complete sexual rest, with proper tonic treatment, brings about the desired result. But while this is true of adults, it is not true when the victims of sexual excess are boys. In them the impotence may become permanent. I know of cases of very young boys (eight, ten, twelve, and fourteen) who had been seduced by vicious servant maids and nurses and forced to perform the act the best way they could several times a day. Some of these victims never recovered, remaining impotent for life.

Nothing injures the sexual apparatus so much as its premature abuse. The excess that will in the adult cause but little or only temporary damage will in boys cause terrible and sometimes permanent havoc.

Sexual Abstinence. I am firmly convinced that continued abstinence from any sexual grati-

fication may result in partial or complete, temporary or permanent impotence.

Nature does not allow us to trifle with her. She does not permit any organ to remain inactive, any function to lie fallow for years without meting out punishment; the organs may atrophy more or less, but even when this is not the case, the function is weakened or destroyed.

Coitus Interruptus. The abominable practise of "withdrawal," or interrupting coitus just when an ejaculation is about to take place and when both parties are at the highest point of tension, is one of the poisonous fruits of human civilization. It is responsible for numberless cases of melancholia and neurasthenia and is an undoubted cause of impotence.

Certain drugs, such as opium and morphine, cocaine, tobacco, potassium nitrate (saltpeter), have an injurious effect on a man's sexual vigor. Obesity or excessive fatness is as a rule quite injurious; so is alcoholism, that is, a chronic excessive consumption of alcohol in all forms. Among other causes I will mention the following:

Worry. I consider this one of the most important factors in sexual impotence. That great and continuous worry will diminish or abolish one's sexual desire more than anything else will, is a

well-known fact. It is not so well known, however, that it may also induce relative or complete impotence, and what is more, the impotence may be permanent. In most cases, however, it passes away gradually, after the cause has disappeared. But it may require many attempts, considerable sexual education, before the potency is brought back to its former condition.

Fright. Severe fright sometimes acts as a cause of temporary impotence, but only fright having some connection with the sexual act. We know of an instance where a man was interrupted in the act by the husband of the woman and several detectives who broke in the door, and he was practically impotent for nearly a year. Each time when on the point of performing the act the fateful night would come to his mind and the partial erection would promptly subside.

Intellectual Pursuits. Nature resents burning the candle at both ends, and it is very rare that people who devote all their time to severe intellectual work do not pay for it by sexual weakness or impotence. This refers to purely intellectual work—mathematics, science, research, philosophy, and so on. Particularly is it apt to attack those who are engrossed body and soul in certain "problems." A medical investigator told me

that, while interested in a certain question which took away every minute of his spare time, he lost both desire and ability for over eighteen months. Pursuits that belong to the arts—poetry, the dramatic art, sculpture, painting, and so on—have a rather opposite effect; they increase the sexual desire and perhaps also the sexual power.

Intense Desire is very frequently the cause of premature ejaculation. This intense libido is often manifested on the wedding night, when the couple have been long engaged. A word may be said here about long engagements as a causative factor in impotence. They are not only injurious, as being apt to cause intense libido—which is only a temporary trouble—but they may result in more or less permanent impotence, by virtue of the severe prostatic and posterior urethral congestion which they may cause.

I have considered rather in detail the causes of impotence. For a knowledge of the causes will help you to guard against the disease. Avoid if you can all the troubles which are apt to lead to impotence, and you will avoid the condition which is responsible for so much unhappiness, and for so many disrupted homes.

Another point. Knowing the numerous causes which may be responsible for impotence, you will

understand the utter absurdity and dishonesty of the quacks who promise to cure you by some pills or capsules or some one kind of treatment. Any physician or quack who promises to cure you of impotence at long distance, without having examined you, without knowing your exact condition, is a knave, who is after your money. Shun those harpies.

The treatment of sexual impotence is exceedingly complex, exceedingly delicate, and requires a competent and experienced physician's best skill and best judgment. We must confess that even the average general practitioner is not very successful in the treatment of the more severe varieties of impotence. This being so, how can you expect to be cured by an ignorant advertising quack, or by some mail treatment?

Chapter Ten

SEXUAL NEURASTHENIA

SEXUAL neurasthenia is one of the most prevalent of diseases and the number of sexual neurasthenics is constantly increasing. Its manifestations are truly protean in character and there is hardly a single organ in the body that, in the sexual neurasthenic, may not show some pronounced symptoms of disease. And not only the patient's body, his psyche, his spirit is deeply affected. It is a condition of *general bodily and nervous exhaustion* resting on a sexual basis.

CAUSES OF SEXUAL NEURASTHENIA

The causes of sexual neurasthenia may be briefly stated to be as follows: First:—Abuse and disease of the sexual organs. Second:—Our civilization. Third:—Heredity.

Under the first rubric we include in the order of their importance: masturbation, pollutions and spermatorrhea, coitus interruptus, continence, gonorrhea with its various complications, espe-

cially posterior urethritis and prostatitis, and last and least, sexual excess.

Second. By the term civilization I understand both those agencies which exhaust and drain the nervous system and those which prematurely awaken and constantly stimulate and irritate the sexual instinct. The early school age, the excessive studies, the frequently recurring examinations (these are particularly injurious), the long hours at factory or shop, the struggle for bread, the still worse nerve-wrecking struggle for a career, the constant striving after money and more money or after fame, our poetry and novels, our theaters and vaudeville shows, the paint, powder and suggestive dressing of our respectable women, the solicitations of our non-respectable street-women, bad school companions and vicious acquaintances of both sexes—all these are factors which prepare a sexually neurasthenic soil.

But more important than any of the causes enumerated above is our moral-religious code concerning the sex instinct, which surrounds every sex manifestation with secrecy, and surrounds the satisfaction of the instinct outside of wedlock with great and *humiliating* difficulties. The repression of every sex manifestation is one of the greatest causes of sexual neurasthenia.

As to heredity, I do not ascribe to it any great importance. Heredity as a factor in disease has been greatly exaggerated. It may be admitted, however, that children of neurotic and otherwise tainted parents are more apt to fall victims to various sexual irregularities, which may lead to sexual neurasthenia, and that on the other hand injuries which would have but little effect on descendants of healthy stock, may bring irreparable disaster to nature's unstable step-children.

Sexual neurasthenia may be divided into three stages. In the first stage the genito-urinary organs are locally affected, and we have the various disturbances of coition and urination and pains in and around the genital organs. In the second stage the neurosis has extended to the spinal cord and the patient complains of various symptoms pointing to spinal irritation. In the third stage we have a general neurasthenia. The symptoms of these various stages are generally interwoven, and those of the so-called second or third stage may make their appearance before those of the first.

SYMPTOMS OF SEXUAL NEURASTHENIA

The symptoms of sexual neurasthenia are exceedingly numerous. They may be divided into:

Sexual, urinary, sensory, circulatory, digestive, and psychic.

Sexual Symptoms. Disturbances of the sexual system form, of course, a prominent feature of sexual neurasthenia. The patient tells us he is impotent and his organs have shrunk away. When we tell him to undress, we find in reality the penis very small, retracted, sometimes so completely "drawn in" as to be hardly visible, cold, livid and hard. The testicles are either normal in size or in extreme cases, especially where the neurasthenia is the result of excessive masturbation, considerably reduced. They are generally very sensitive to the touch, sometimes to such a degree that the gentle grasping of them between the fingers will make the patient deathly pale, his face will be covered with cold perspiration and he is ready to faint, and sometimes does faint.

Pollutions are frequent, and are generally atonic; in the further progress of the disease they become diurnal, and may in rare instances be accompanied by spermatorrhea. Impotence is either absolute, the patient being unable to get any erection, or he has feeble imperfect erections, which subside quickly. The ejaculation is in the vast majority of cases premature, generally taking place even before intromission. A peculiar

symptom the patients complain of is a burning, scalding sensation during ejaculation. The pleasurable voluptuous sensation which the normal man experiences during the passage of the semen is in them completely absent and the burning, scalding feeling combined with subsequent depression renders the act of coitus a very unpleasant function.

Masturbation, severe and uncontrollable, is often complained of. It may seem strange that masturbation which we gave as one of the *causes* of neurasthenia should here be considered as one of the *symptoms* or results of it. But there is nothing incongruous in this. In many diseases, and in sexual disorders par excellence, a vicious circle is generally established and the original cause becomes but one link in the chain of symptoms. Masturbation is one of the principal causes of sexual neurasthenia; but after masturbation has succeeded in bringing about the neurasthenia, the patient's will is weakened, and he may become a helpless slave to the habit.

On some neurasthenics the effect of intercourse is very profound. It leaves them for a day, for several days, and sometimes several weeks, completely exhausted, both mentally and physically. Their brain is fagged out, they cannot concen-

trate on anything, their legs are weak, they fatigue quickly on walking, and suffer with severe cardiac palpitation.

Besides the functional disturbances in the sexual act, there are numerous symptoms which are very annoying to the patient and very trying to the physician. The skin of the penis and of the scrotum is hypersensitive and the patient often complains of various sticking or neuralgic pains. There is generally extreme sensitiveness to cold. Pains in the testicles are frequent as well as in the prostate. Sometimes the pains are only shooting and last but a second, at other times they are very persistent and may extend to the prostate, kidneys, legs and even feet. In some cases there is very severe itching about the genitals, the most careful examination failing to elicit any basis for this pruritus. Sometimes instead of the genitals the itching is confined to the anus.

Urinary Symptoms. The act of urination is very much disturbed. The patients urinate very frequently, particularly in the daytime. They may have to get up nights, but that only in extreme cases. As a rule they sleep through the night very well and this is one of the characteristic symptoms of the frequency of micturition in neurasthenics, which distinguishes it from fre-

quency of micturition in other disorders, such as hypertrophy of the prostate. The frequency of urination is sometimes very great. Some patients have to urinate every hour, some every ten or twenty minutes. There is a little dribbling of the urine after each act and the patient does not feel fully relieved. They always feel as if there were some urine in the bladder which they are unable to void. The urine itself undergoes considerable changes. In the early stages the patient as a rule passes very large amounts of urine, of a pale color and a very low specific gravity. Later on, however, the urine diminishes in amount and may even become much less than normal, of a dark color and high specific gravity.

Pains and Aches. Pains and aches in the spine and in the back are among the most frequent, one might say the most frequent, and most annoying symptoms of the neurasthenic. Usually it is not a pain, but just a constant dull ache in the small of the back or the middle of the spine, which is so exasperating that many patients say that they would gladly exchange it for an acute pain. The patient feels like rubbing his back against a door-post, or a bedstead, or any other hard object and feels greatly relieved after a rough kneading or slapping or massaging of the back, or applying

a counter-irritant to the aching region. Sometimes the pain is limited to one side, in the kidney region, and may simulate renal colic so closely as to bring the patient near the operating table.

Circulatory Symptoms. Among the symptoms on the part of the circulatory system the most frequent is palpitation of the heart. The least excitement or muscular effort is apt to cause it. In the night time if the patient wakes with a start, which he often does, the heart will beat very tumultuously. The pulse is frequent, often over 100 per minute, small, occasionally intermittent.

On account of the poor and irregular circulation, the patient's feet are often cold and clammy, so that he must sleep with his stockings on, even in fairly warm weather. His hands may also be cold and clammy and perspire readily. The blushing at the least provocation, and the frequent congestion of the head, also find their explanation in the disturbance of the circulation and of the nervous system.

Digestive Symptoms. The digestive disorders occupy a prominent place. The appetite may vary from very good to very poor. Symptoms of dyspepsia are seldom absent: coated tongue, heavy breath, heartburn, which may be extreme,

the patient declaring that he feels as if he had a burning coal in his stomach, constipation, rarely diarrhea, belching of gas.

The Special Senses. To the symptoms of the special senses we will refer briefly. The eyes are easily fatigued, and the patients frequently suffer with eyestrain. Floating specks before the eyes is not an infrequent symptom, extremely annoying to the patient. The patients are extremely sensitive to noise. The tooting of automobile horns, the noise of vehicles, loud music, the chimes of church bells are a veritable torture to them.

Work. In the extreme stages of neurasthenia the patient can do no work, either mental or physical. He cannot force himself to do any original mental work, it is an utter impossibility for him; and when he does force himself to do some routine mental or physical work, he gives out very quickly, and has to rest or lie down. In the earlier stages, he may be able to do very good and very intense work, but only by spurts. He cannot do anything steadily, calmly, placidly. He is not a plodder, and he cannot work systematically.

The Mood. The mood of the sexual neurasthenic is extremely variable. The least pleasant occurrence or expectation lifts him up to the skies, the least unpleasantness throws him into the abyss

of despond. But most of the time he is afraid of something. If you ask him to analyze his fears, to tell you himself what exactly he is afraid of, he is unable to do it, but still he is afraid that something bad is going to happen to him. He is either going to lose his business or his position, his rival is going to get ahead of him, or some misfortune is going to happen to a member of his family, or the house is going to be burglarized, or he is going to be arrested, etc. Sometimes the fear is vague and has no object, the patient is just depressed and afraid, and for this reason he avoids people in general. If the neurasthenic is not far gone, then a misfortune, an attack, a shock, or some great emergency may stir him to action, may awaken the rest of his dormant powers, and he may for a time surprise his friends by his unwonted strenuous activity. But unless he is at the same time subjecting himself to the proper treatment, he generally relapses into a condition of exhaustion, which is worse than the condition he was in previously.

One of the forms the fear is taking is the fear of disease, i.e., the fear of getting sick. It is either the fear of typhoid, of heart disease, of Bright's disease, etc., but most generally it is the fear of locomotor ataxia or general paresis. This

is particularly the case with our semicultured who have read a lot of quack literature, or who have heard from their friends with little knowledge that those diseases were the result of youthful indiscretions. How many times have I heard the question: "Doctor, have I locomotor ataxia?" addressed to me by people with whom there was nothing the matter organically, and who did not present a single ataxic symptom. They feel like newborn, or as if a heavy load had been lifted from their brain, when they are assured and when it is proved to them that their fear is utterly groundless.

The neurasthenic has often hypochondriac ideas, but he is not a true hypochondriac. A true hypochondriac complains of ills and diseases for which there is no foundation, of which he has not a trace. The neurasthenic generally has grounds for his complaints, only he exaggerates his troubles; he magnifies a mild symptom into a terrible one; a slight disorder becomes a very painful one to him. Perhaps his sensitiveness is so increased that what seems to us insignificant does cause him severe pain. For we must bear in mind that the neurasthenic is generally hyperesthetic and his power of resistance is greatly lessened.

Phobias. The extreme cases of sexual neuras-

thenia may develop various phobias—fears of crossing the street, fear of being in a crowd, of being in a theater, of looking down from a great height, etc.

NOTE.—I have dealt with the subject of neurasthenia rather in detail, because this disease is spreading very rapidly in every civilized community, and its importance deserves the most careful consideration on the part of the medical profession and the intelligent laity.

Chapter Eleven

STERILITY

STERILITY or barrenness is inability to have or rather to beget children. The fault may lie with the man or the woman or both. In former times when woman was the scapegoat for everything, she was always blamed when a marriage proved childless. Now we know that in very many cases it is the man and not the woman who is to blame.

For a man to be fertile he must have normal semen and he must be able to bring the semen out. Any disease which will affect the testicles, so that the semen is not of the proper quality, or any disease which will *obstruct* the seminal ducts (the *vasa deferentia*) so that the semen cannot come to the surface will produce sterility in the man. If a man has no testicles, or if he is a *cryptorchid,* that is, his testicles are hidden in the abdominal cavity, or if they have been removed by an operation, or destroyed by some crushing injury or syphilis, the man will be sterile. A cause

of sterility which must be mentioned is mumps. Mumps or parotitis is an inflammation of the parotid gland (situated near the ear). The parotid gland has a peculiar mysterious connection with the sexual organs; and in mumps the testicles often swell up and become inflamed, and one who has had mumps in childhood is often found sterile when he grows up to manhood.

The obstruction in the epididymis or vas deferens, which clogs up the passageway (*lumen*) and prevents the semen from coming out, is most commonly caused by gonorrhea, and gonorrhea may be considered the principal cause of sterility in man (as well as in woman). In certain cases the testicles seem to be perfectly normal, and still they do not manufacture any semen. Such a condition of absence of semen is called aspermia or aspermatism; sometimes semen is manufactured but it does not contain any *spermatozoa;* such a condition is called azoospermia; where very few spermatozoa are present in the semen, the condition is called oligospermia (oligos in Greek—few); where spermatozoa are present, but have no life, no movement in them, we call the condition necrospermia (*necros*—dead). A diseased prostate or diseased seminal vesicles may also be a cause of sterility. The secretion of the prostate,

as mentioned before, seems to be an essential part of the semen, necessary to the motility of the spermatozoa; and when that is lacking, if the prostatic secretion is full of pus, the spermatozoa are injuriously affected. The same with the seminal vesicles. A very tight stricture may be the cause of sterility, because it prevents the semen from coming out through the urethral canal; the semen may run backward into the bladder.

There are several other conditions which may cause male sterility, but they are rare and unimportant. Those that I have enumerated are the most frequent and most important ones.

Many cases of sterility can be cured, but some are incurable. It stands to reason, for instance, that if a man's testicles have been destroyed or removed, or if he was born without any, that nothing can be done for him. But in cases of inflammation or obstruction very much can be accomplished. But of course it requires an expert —quacks can do nothing in such cases.

The causes of sterility in the female will be considered in the author's "Sex Knowledge for Women." But it is important to emphasize here that many cases of sterility for which the woman is blamed and treated are due to the man's and not the woman's fault.

Chapter Twelve

THE VENEREAL DISEASES

THE venereal or sexual diseases, so called because usually, though not always, contracted during sexual intercourse, are three in in number: Gonorrhea, syphilis and chancroid. Gonorrhea is the most common, most frequent of the three, syphilis the most terrible. In comparison with the other two, chancroid is not of much importance. Gonorrhea and syphilis are among humanity's greatest scourges. Humanity would have a different aspect, there would be much less ill-health, much less deformity, much less blindness, much less insanity, and in general much less unhappiness if these two diseases had never existed, and I confidently hope, in fact I am sure, that the time will come when they will cease to plague humanity and will completely disappear from the face of the earth.

The venereal diseases are terrible as they are, without any exaggerations. But it seems that some people cannot speak of an evil without pic-

turing it in too lurid colors. In the perfectly laudable and commendable desire to save the young men of the nation from the venereal peril, they make statements which must be characterized as exaggerations. For instance, you will hear it said that 80 or 90 per cent. of all young men become infected with gonorrhea; that 25 or 50 per cent. suffer from syphilis; that *all* prostitutes or loose women suffer with gonorrhea or syphilis or both. You will further hear or read that gonorrhea is an incurable disease; once a gonorrhea, always a gonorrhea. And you are sure to come across the statement that 60 per cent. of all married women have gonorrhea and that anywhere from 60 to 90 per cent. of all operations on women are due to gonorrhea contracted from the husband. None of the above statements is true: they are all wild exaggerations. Only about 20 or 25 per cent. of men contract gonorrhea, only from 2 to 5 per cent. suffer with syphilis, many thousands of prostitutes or loose women go through life without contracting a venereal disease, gonorrhea can be perfectly cured, and if treated properly from the very start, cured in a very short time, and only a very small per cent. of married women (probably not more than two or three per cent.) contract venereal disease from their husbands.

But granting all this, venereal disease is a sufficiently terrible calamity to make it incumbent upon you to do everything in your power to escape it. If you contract gonorrhea or syphilis, it will make little difference to you whether fifty per cent. of all men have the disease or only five per cent. You will be wretched and miserable, your entire future may be ruined, and you may have to curse the day you were born. You must do everything possible to escape a venereal disease: no sacrifice is too great for that. As most cases of venereal disease are contracted during sexual intercourse, the principal prevention or prophylaxis consists in not having intercourse with any woman whom you do not *know* to be free from disease. Merely hoping or guessing that she is free will not do: you run a chance, and it is too late to regret after you have caught the disease.

But if your sexual desire is too strong, if it is irresistible (or you think it is) and if circumstances are such that you must have relations with a woman of whose freedom from disease you are not absolutely sure, then you *must* use a venereal prophylactic. That venereal prophylactics properly and carefully used do prevent the contracting of venereal disease, there is now no question. They have been introduced in many armies and

navies and have greatly diminished the percentage of venereal disease. And it would be a good thing if every young man were, as a part of his course in sex hygiene, instructed in the proper use of venereal prophylactics. As I recognize that it is impossible for some young men to keep away from sexual relations until marriage, which now often takes place at the age of twenty-eight, thirty or thirty-five, and as I do not consider gonorrhea or syphilis a deserved punishment for illicit intercourse, it stands to reason that I consider the use of venereal prophylactics perfectly proper and perfectly moral. It is the non-use of venereal prophylactics, the risk run of contracting an awful disease with the possibility of transmitting it to your future wife and children that is immoral. Of course, if you can abstain from any illicit sex relations, so much the better, but, if you cannot, use a prophylactic.

Chapter Thirteen

PROPHYLAXIS, OR PREVENTION, OF VENEREAL DISEASE

THE first principle of prophylaxis is personal cleanliness of the genitals. A person who seldom washes the glans penis and allows smegma to accumulate beneath his foreskin invites infection. The foreskin should be drawn back daily and it and the glans washed carefully with soap and water and dried. If there is a tendency to abrasions, washings with alcohol (1 part alcohol and 3 parts water) or with a 5 per cent. solution of alum should be resorted to. Of course no suspicious sexual relations should be had when there is *the slightest abrasion* on any part of the penis, and should the tendency to abrasions, or cracks, or pimples persist, a physician should be consulted.

Circumcision is an important prophylactic measure, and the circumcised have a great advantage over the non-circumcised in respect to venereal infection. While the importance of cir-

cumcision is more striking in avoiding chancre and chancroids, still it also plays a rôle in avoiding gonorrhea.

The subject of circumcision is a very important one. Practically all experienced venereologists and sexologists are now in favor of this hygienic measure. Here, for instance, is what Dr. Lydston has to say:

"Circumcision—removal of the prepuce—originated in remote ages as a religious rite [which, as many other religious rites, had a sanitary basis]. It is still so practised by some peoples, notably by the Jews and Mohammedans. The aborigines of Australia also practise it. On this account it has been asserted by some ethnologists that the native Australians are descendants of one of the Ten Lost Tribes of Israel. This theory is as fantastic as it probably is untrue. Like some of the native tribes of Africa, the Australians show vestiges of phallism or sex worship, of which circumcision is a ceremonial part.

Circumcision is a most commendable practise. Whatever religious views one may hold, it must be conceded that Moses, or whoever devised the operation, was a hygienist of no mean pretensions. The Jews are social hygienists in many ways, some of which might well be imitated by the

Gentiles, but none of their religious customs is quite so sensible as the rite of circumcision.

Circumcision promotes cleanliness, prevents disease, and by reducing over-sensitiveness of the parts tends to relieve sexual irritability, thus correcting any tendency which may exist to improper manipulations of the genital organs and the consequent acquirement of evil sexual habits, such as masturbation.

Last, but not least, early circumcision insures proper development of the parts. It is a matter of common observation among physicians that the Jew is, upon the average, less frequently sexually mal-developed than the Gentile. The admirable custom of circumcision may have had much to do with the extraordinary virility and endurance of the Jews. It is strange that with the experience and example of this great race before him, the Gentile has not generally adopted as a hygienic custom the operation of circumcision. It is the opinion of many eminent physicians that parents who do not have an early circumcision performed upon their boys are almost criminally negligent. In this opinion I fully concur.

The prepuce is a structure the function of which evolution of the race has made obsolete. It was once urgently necessary for the protection of the

sensitive member of which it forms a covering. Clothing, however, has relieved us of the necessity of a means of protection which primitive man or his prehuman ancestors found very essential.

A simple but in many cases efficient prophylactic measure is urination immediately after coitus. Many men use no other prophylactic and they seem to be safe. The stream of urine mechanically washes away the infective material; and besides, the urine, being of *acid* reaction, acidifies the urethral secretion, and this is antagonistic to the development of the gonococcus. The man should have plenty of urine in his bladder (he should drink plenty of water and not urinate before coitus), and urinate immediately after. The proper way is to start urinating, then to compress the meatus, and then suddenly let go. This dilates the urethra, and the stream coming out with more force washes out the canal more effectively.

The Condom. The oldest, simplest and at the same time safest protective against gonorrhea is the condom. This mechanical covering or sheath is supposed to have been invented by a Dr. Condom, who may well be considered one of the benefactors of the human race. It has no doubt since its introduction protected millions of people from

infection. Prof. Blaschko of Berlin has stated publicly that Dr. Condom deserves a monument, as without his little invention all *civilized* races would probably by this time be completely *syphilized*. The condom (also called French letter, protector, skin, capote anglais) is made of two materials: rubber and the gut (cecum) of sheep. Each material has its advantages and disadvantages. The rubber is supple and elastic, fits better and does not easily slip off. But being a vegetable material it forms a barrier, and diminishes to a great extent the voluptuousness of the act. In some men it interferes with erection and ejaculation. And some men detest them so that they would rather forego all sexual relations than to use one. The cecal or so-called skin condoms do not affect the act so much, but are not elastic, and must be moistened before use. Of course only the best quality of condom should be purchased, and one should make sure that the condom is perfect, by blowing it up or filling it up with water before use. For the benefit of people in moderate circumstances it may be stated that condoms of good quality may be used more than once, but of course they must be cleansed and disinfected after each use. Wash well in running water and then let it soak in a solution of mercuric chloride

1:1,000 for an hour or two, wipe and dry and put away wrapped up in gauze.

Condom no protection for syphilis. While a good condom is a protection against gonorrhea, it is not an absolute protection against syphilis. I have had in my practise a number of cases of syphilis contracted by patients who used condoms. Not to mention the possibility of infection from mucous patches on the lips, which is self-evident, infection may take place either at the root of the penis or on the scrotum.

Chemical Antiseptics. One of the simplest and cleanest is a solution of mercuric chloride (corrosive sublimate) 1 to 5,000. Many men carry a small vial of this solution with them, and with a piece of cotton wash thoroughly the glans and squeeze a few drops into the open meatus. Some have told me that they had been using it for years without ever any accident. It is clean, cheap and does not stain the clothes. Some people, however, are sensitive to mercuric chloride and the solution causes some irritation on the glans or in the urethra.

Others use a solution of potassium permanganate (1 to 5,000) by injection. This method is effective as a prophylactic, but I am not in favor of it. By injection the infecting material may be

carried further backward, injections are irritating and may cause damage, and besides potassium permanganate stains the clothes and linen.

Protargol and argyrol have been used extensively and effectively as veneral prophylactics. A few drops of a 5 or 10 per cent. solution of protargol or 20 per cent. solution of argyrol are instilled into the urethra and held there for several minutes.

Silver nitrate is efficient, but is too irritating and I am opposed to its use.

In the last few years, following Metchnikoff's experiments, calomel in ointment form has been used a great deal as a prophylactic against syphilis. It has been found, however, that the calomel ointment also acts as a preventive against gonorrhea and some advise the use of it as a general venereal prophylactic. The glans and prepuce are well rubbed in with the calomel ointment to prevent the development of syphilis and chancroids, and some of it is injected into the urethra and this prevents the development of gonorrhea. The preparation used, for instance, on the U. S. S.S. *Rainbow* has the following formula:

Calomel .....50 gm.
Liquid petrolatum .....80 cc.
Adeps lanæ .....70 gm.

This being a semi-liquid preparation, it can be injected with an ordinary urethral syringe. During a period of six months there were 529 admitted exposures, with the development of only four cases of gonorrhea. Of these four one denied exposure and therefore did not receive the treatment, two received it late, more than twelve hours after exposure, so that out of the 529 there is really only one failure, which, considering the character of the women with whom the sailors consort, is an excellent record.

To avoid the inconvenience of having to prepare solutions, of carrying about a bottle and syringe, a number of prophylactics have been put on the market, which have the advantage of small compass, cleanliness, and readiness for use. Every country has its own preparations—in Germany there are dozens of them. There are several in this country.[1] Their use is very simple, and as full instructions for use accompany these preparations, there is no need of giving them here.

SOME DON'TS

The above are the positive measures for the prevention of gonorrhea. But he who wishes to

[1] The best known and most popular are the Sanitubes. They are cleanly and reliable.

avoid the disease must also listen to some negative advice. Besides several things to do, there are also several things not to do. The most important of all Don'ts is: Don't drink any alcohol, in any shape or form. Alcohol is a great ally of venereal disease. It has a doubly pernicious effect. It weakens the reasoning power, paralyzes the will, and thus causes the man to lose all prudence and choose a woman whom in the sober state he would not associate with; makes him tarry at the act or repeat it too many times, and prevents him often —by putting him into a deep sleep lasting several hours—from employing any antiseptic measures. But besides this, alcohol by producing a congestion in the urethral canal makes it more vulnerable and more receptive to germs. If no alcoholic beverages were indulged in, there would be not only much less sexual indulgence, but also very much less venereal disease.

Another Don't is not to tarry too long in the act, not to attempt to prolong it unnecessarily, and not to repeat the act unless an antiseptic douche has been taken by the woman.

As is seen, there is no royal road, no short cut, to venereal prophylaxis. Pronouncing a prayer or a shibboleth will not do it. Some care must always be exercised, some trouble cannot be

avoided. But this is a small price to pay for freedom from venereal disease.

To summarize: In order to avoid venereal infection the genital organs must be kept in a clean, healthy condition. A condom of the best quality is up to the present day the surest and simplest prophylactic. As, however, it interferes with the pleasure of the act, some men not being able to obtain an erection or ejaculation, other measures become necessary. They are: immediate urination after coitus, and instilling into the urethra a solution or a mixture of protargol or argyrol or a soft ointment of calomel. The Sanitubes are trustworthy and can be recommended. As a protection against syphilis the glans and prepuce should also be well rubbed in with a strong calomel ointment. The woman should always take an antiseptic douche before and after coitus. Alcohol in any form is injurious and should not be indulged in before coitus, nor should the act be unduly prolonged.

SOME OTHER THINGS TO AVOID

But as venereal disease, particularly syphilis, may also be contracted outside of the sexual act, a few other hygienic rules should be observed.

Do not ever, if you can avoid it, use a public

toilet. If you are forced to use it, protect yourself by putting some paper over the seat.

Do not use a public drinking cup. If you have to use one keep your lips away from the rim. One can learn to drink without touching the rim of the glass or cup with the lips.

Do not under any circumstances use a public towel. The roller towel is a menace to health and should be forbidden in every part of the country.

If you have to sleep in a hotel or in a strange bed, make sure that the linen is clean and fresh. Never sleep on bed linen which has been used by a stranger.

Avoid the barber. Shave your own beard. But if you do use a barber, make sure that his hands are clean (I once treated a barber the palms of whose hands were covered with a syphilitic rash and who, nevertheless, kept up his work), and that he sterilizes his razor. Always have your own brush. Never use a public brush or comb. Be sure that your dentist is a careful up-to-date man and sterilizes his instruments carefully. Many a case of syphilis has been transmitted by a dentist's instrument. A syphilitic who goes to a dentist to be treated generally conceals his disease, and if the dentist is not in the habit of sterilizing

his instruments after each patient, disaster may result.

Be sure that your manicurist is not syphilitic or at least that her hands are healthy, clean and free from any eruption. And last but not least, do not indulge in promiscuous kissing. This is a real peril and there are thousands of cases of syphilis that are known to have been contracted directly from kissing. As you will learn in a future chapter, people suffering with syphilis often have little white sores (called mucous patches) on their lips, tongue and inside of cheeks. These sores are very infectious, and by kissing the disease is readily transmitted. Kissing games have been responsible in more than one case for the spread of syphilis to many persons. Avoid promiscuous kissing!

We have considered the prevention of venereal disease rather in detail, as the importance of the subject demands. But assuming that for some reason or other you have not used any venereal prophylactic, or you have used it carelessly and it proved inefficient, and you have had the misfortune to contract one of the venereal diseases, what should you do? The proper and the wise thing for you to do is to make a clean breast of

your trouble to your father or mother, who, if they are of the right stuff, will abstain from, or at least delay any scoldings and punishments, and will take you at once to a reputable physician, preferably a specialist, who in the end will prove not only more satisfactory, but also cheaper. If you have no parents or if your parents are such that you are afraid of your life to tell them your trouble (such parents are as bad as no parents at all), then ask somebody to recommend you to a reputable physician or specialist. As you value your life and your future, do not try to treat yourself with patent medicines, do not let your barber, nor your druggist, nor your "experienced" friend treat you, and above all avoid the quacks who advertise in the newspapers, or distribute pamphlets or are proprietors of "museums for men." You are lost if you do. I have seen some very bad examples. The best, most conscientious and most experienced physicians have a hard enough job to cure some of the cases of gonorrhea or syphilis that present themselves, so what chance can a druggist, or a barber, or a lay friend or a quack have of curing you? In fact, the treatment of venereal disease by anybody but a reputable physician should be a criminal offense. No,

leave treatment to the doctor. But the *nature* of the venereal diseases, their *course* and *symptoms* you have a right to know, and this we will discuss presently, taking each disease separately, in the following order: Gonorrhea, Syphilis, Chancroid.

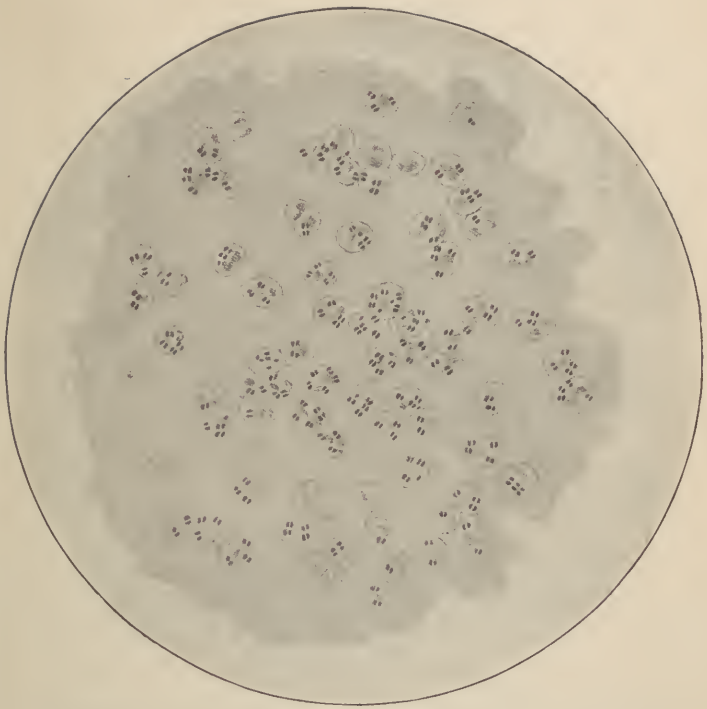
Chapter Fourteen

GONORRHEA

GONORRHEA or gonorrheal urethritis is an inflammation of the urethra, caused by a germ called *gonococcus*. This germ was discovered by Prof. Neisser of Breslau in 1879, and gonorrhea is therefore also referred to as gonococcal urethritis, or Neisserian urethritis. As it is caused by a special, specific germ, it is also spoken of as specific urethritis or specific infection. Other names for this disease are blennorrhea and blennorrhagia. The germ which causes gonorrhea is exceedingly small and can be seen by a high-power microscope only, after being stained with a proper stain. In a well developed case of acute gonorrhea there are millions and millions of them; they are somewhat coffee-bean shaped and they generally occur in the pus cells of the discharge in pairs or in multiples of two; that is, in fours, eights, etc. The illustration gives a very good idea how they look under the microscope. Not every discharge from the urethra is a gonorrhea;

to the naked eye all discharges may look alike; and only the microscope can distinguish between a gonorrheal discharge and a simple catarrh. The physician therefore who has no microscope or does not know how to use one can not do full justice to his patients.

When a man has intercourse with a woman who has gonorrhea, he does not show any symptoms at once. It takes some time for the germ to grow and develop. The time required for this development, in other words the length of the *incubation* stage, varies in different cases; but the usual length is from three to five days. In other words, it takes three to five days from the moment of an infectious intercourse until the patient becomes aware that there is anything the matter with him. During that time the patient is perfectly well. At the end of this period the patient becomes aware of some peculiar sensation in the urethra, and what we call the *prodromal* stage commences. The patient feels a little tickling or burning in the urethra, particularly in the neighborhood of the meatus. If he looks at his penis he finds that the lips of the meatus are a little puffed and red; they may be slightly stuck together; but there is no discharge. If the patient is told to urinate, the urine is found clear. This stage



THE GERMS IN ACUTE GONORRHEA AS SEEN UNDER THE MICROSCOPE

lasts from about twelve to forty-eight hours, and then we have the *acute* stage before us, and it is then that the most prominent symptom of gonorrhea, *the discharge,* makes its appearance. At first it is scanty, and almost a pure white; gradually it increases in amount, becomes very profuse, running almost continually, and assumes a yellowish, then greenish yellow color. The symptoms keep getting worse (unless checked by rational treatment). The lips of the meatus may be slightly eroded; the glans and the prepuce are somewhat red and swollen; the entire urethra is sensitive and painful; the act of micturition is painful, the urine causing a burning sensation, so that the patient abstains from urinating as long as possible; the entire penis may feel hot and turgid, and painful erections are not uncommon. If the patient urinates in two glasses, the first one is very turbid, but the second one is clear. This acute stage lasts from seven to ten days, when a stationary period lasting from one to two weeks supervenes. The discharge is less profuse, urination is less painful, but things remain without much change until the last, the declining stage. In this stage the symptoms abate rapidly, the discharge diminishes gradually, until there is but a scanty drop, and this also gradually disappears,

until in two or three weeks—that is, at the end of five or six weeks from the appearance of the first symptoms—the gonorrhea is completely cured. There is no discharge, the urine is perfectly clear, and no gonococci can be found.

The above is a faithful description of an average case of acute *anterior* gonorrhea, but where the inflammation extends to the posterior urethra, which is the case in the vast majority of instances, two other symptoms become prominent and cause great annoyance. These two symptoms are *strangury,* a strong desire to urinate every few minutes during the day (and several times during the night), and *severe* pain at the end of micturition. While in the course of anterior urethritis the act of micturition causes pain, it is not so intense, and is more of a scalding or burning sensation; here the pain, particularly while passing the last few drops, may be very intense.

One thing I should like to impress upon your mind very deeply: the terrible contagiousness of the gonorrheal discharge. If a drop of the discharge gets on your finger and you touch your eyes with it, you are apt to get a gonorrheal inflammation of the eye, gonorrheal ophthalmia, which may result in your complete loss of eyesight; you may become an unhappy blind man.

Thousands of children who are deprived of one of nature's great gifts—eyesight—are so on account of gonorrhea. The birth-canal of the mother was infected with gonorrhea, and as the child was passing out into the world, some of the discharge got into its eyes and it became blind. Beware of the gonorrheal discharge. If any gets on your fingers, be sure to scrub them and wash them with an antiseptic solution.

The course of a gonorrhea depends upon several factors: the virulence of the attack, some infections being much more severe than others, the patient's constitution, his financial condition, whether he can stay at home and take things easy or must keep on working, and last, but not least, the skill and experience of his physician. When all circumstances are favorable, a gonorrhea may be cured in five to six weeks, cured absolutely, so as never to give any signs or symptoms. The statement "once a gonorrhea, always a gonorrhea" is foolish and mischievous. I know hundreds of men who had gonorrhea in their youth, who were completely cured, who married, and gave birth to fine, healthy children, and never caused the slightest trouble to their wives. So that the talk about gonorrhea being incurable is nonsense. But when the circumstances are un-

favorable, when the patient does not apply at once to a physician, but treats himself with patent medicines, or with injections given him by a friendly druggist, or if he must keep on working, or if his physician happens to be careless and incompetent, then the gonorrhea, instead of being cured, becomes chronic, becomes what we call a gleet, the infection may extend to the prostate, the seminal vesicles, the testicles, and then it may take months or years to cure it, and some cases become practically incurable.

THE TREATMENT OF GONORRHEA

The treatment of gonorrhea is of a general hygienic character, and also consists in administering medicines internally and using injections into the urethra. Of the internal and local treatment I will say nothing here, because that belongs to the province of the physician. No wise person will attempt to treat himself for a gonorrhea. But with the general hygienic measures it will do you no harm to be familiar.

General Measures. The general measures may be expressed in the words, "taking things easy." If the patient can afford it he should stay at home, but under our present economic and social conditions there is hardly one man in a hundred who

can stay at home because he contracted gonorrhea. He would risk losing his job, his position, or he would "give away" his trouble to his parents or his wife, which is just as bad. So we have to do the best we can. We therefore tell him he should stand as little as possible, walk as little as possible, even ride as little as possible, and to recline as much as possible. He should be particularly careful about lifting things, as by doing so he may invite an inflammation of the epididymis. That he should avoid dancing, horseback riding, bicycling, goes without saying, but it is not so well known that railroad and automobile traveling may and often does exert a very injurious effect on an acute gonorrhea.

Sexual Rest. Sexual intercourse is to be strictly prohibited, and no exceptions are to be made to this rule. One might think that this is a point on which it is not necessary to spend any time, but those who think so do not know mankind as well as I do. I personally have seen many cases in my practise where the man did have sexual relations during the acute stage of an acute gonorrhea.

Diet. The diet should be moderate, and that is about all. I do not see the necessity of limiting gonorrheal patients to a strict diet. They may

follow their usual diet, merely taking care to leave out all spices, condiments and salty or acid articles of food. Meat is not injurious, though it is better to eat of it sparingly.

Beverages. All alcoholics of whatever nature are strictly prohibited. Coffee is also best cut out because it has an irritating effect on the sexual organs, but *very weak* tea may be used. The best thing to drink during an acute gonorrhea is milk, buttermilk, and plenty of plain water. Those who do not like plain water may drink a mild alkaline mineral water. Carbonated beverages, however, are best avoided.

Among the other general measures it is only necessary to mention two: the patient's bowels and bath. The patient must see to it that he does not get constipated. A constipated bowel has a bad effect on an acute gonorrhea.

Hot baths are very useful, and they should be taken as sitz baths or hip baths. I am afraid of a gonorrheal patient taking a full bath. I always fear that some of the pus, minute as the amount may be, may be washed off the urethra and reach his eyes.

That the patient should wash his hands each time after touching his penis and that the danger of transmitting the pus from the urethra to the

eyes should be thoroughly emphasized to him, also goes without saying. It would be a good idea for physicians and dispensaries to hand to their patients a printed leaflet containing the necessary instructions. It not only avoids the danger of forgetting things but it saves time.

Chapter Fifteen

SYPHILIS

SYPHILIS! The name inspires both terror and disgust. For several centuries it has been one of humanity's great scourges, and the damage it did was to a great extent due to the fact that people ostrich-like put their heads into the sand, and did not want to look the monster in the face. To pronounce the name was a disgrace, and people were brought up so as not to know of the existence of such a monster; they made its acquaintance when they themselves or their children or some near relative or friend had the misfortune to become stung by its poisonous fangs.

Until very recently no newspaper or magazine dared to print the fateful word in its columns, and physicians who, seeing the poisonous results of silence and ignorance, thought it their duty to instruct the laity by aid of popularly written books or lectures were looked down upon by their ultra-orthodox brethren, who were perme-

ated with the idea that the medical profession should be like an ancient priesthood and should keep its knowledge away from the vulgar crowd.

Let *us* be grateful that a decided change has taken place in this respect, that some newspapers and magazines are no longer afraid to spell out the word Syphilis, and that instructing the young as to the nature and dangers of the venereal diseases is now not only permissible, but is considered a duty which must not be shirked.

HOW SYPHILIS IS ACQUIRED

A person can become infected with syphilis in one of two ways: directly and indirectly. Most cases of infection occur in the direct or "immediate" way; that is, by one person coming in direct contact with the chancre or mucous patch of another person suffering with syphilis.

The indirect or "mediate" way of infection takes place through drinking cups, clothes, instruments, lead pencils, tooth brushes, etc. While such cases are not of everyday occurrence still they are not infrequent. Some of the saddest cases of syphilis are of this character. As this syphilis is not contracted during sexual intercourse, but unknowingly and unsuspectingly, it is

called *syphilis insonitium,* or syphilis of the innocent, or unmerited syphilis.

Syphilis may also be and often is inherited from the parents. This is called hereditary or congenital syphilis. If the father alone is syphilitic the child may escape the disease; if the mother is syphilitic, the child seldom escapes; if both father and mother are syphilitic, the child never escapes. Hereditary syphilis will be considered separately.

The Synonyms of Syphilis. No other disease has so many synonyms, so many aliases, as has the disease which we are about to discuss. There is hardly a nation after which the disease has not been named, for every nation was anxious to bestow upon some *other* nation the honor of having introduced that terrible plague into Europe. Thus we have the most common name—morbus gallicus, or the French disease; morbus hispanicus or the Spanish disease; morbus italicus, the Italian disease; morbus polonicus, the Polish disease; malum americanum, the American sickness; morbus neapolitanus, the Neapolitan disease, etc., etc. It is also rather remarkable that the disease was named after different saints—not less than twelve in number; so, it was called morbus St. Jobi, morbus St. Menti, etc. In the Latin lan-

guage alone the disease has considerably more than a hundred synonyms and each modern language boasts of half a dozen to a dozen names. The two most universally used names, however, are syphilis and lues.

The Course of the Disease. The course of syphilis is usually divided into 3 stages: Primary, secondary and tertiary.

Though it is now well known that this division as given to the world by its most famous syphilographer, Ricord, does not always hold true, that lesions classed as distinctly tertiary may occur in the secondary stage, and vice versa, and that the lesions of all the three stages may exist at the same time, still for the purpose of convenience, the division is retained. It is well, however, to emphasize the fact that no sharp line of demarcation exists between the three stages.

The Primary Stage. The *primary* stage is itself divided into two substages. The first substage is from the *infection* to the time of the appearance of the chancre. The average length of this period is fourteen to twenty-one days, though it may vary between wider limits; it may be occasionally as short as ten days, or as long as thirty, forty and fifty days, and Fournier reported a case in which seventy days elapsed be-

tween the day of infection and the day of the appearance of the chancre. The second substage, or second period of incubation, is counted from the time of the appearance of the primary lesion (chancre) to the day of the appearance of the roseola, or eruption. The average length of this period is six weeks, but it may vary, in rare cases, from three weeks to three months.

The *lesions* of the primary stage are the chancre and the syphilitic bubo, or swelling of the glands and lymphatic vessels which are in anatomical relation with the chancre.

The Secondary Stage. The secondary stage, the advent of which may be expected at about the end of the sixth week (limits: three weeks to three months, as previously stated), is the stage of skin and mucous-membrane lesions. It is characterized by multiform eruptions of the skin, by mucous patches, by falling of the hair, by a general enlargement of the glands, by eye troubles, etc. While the duration of this stage is generally given between one and two years, no definite time-limit can really be named, for the length depends so much upon the thoroughness of the treatment, the virulence of the infection and the mode of life and constitution of the patient.

The Tertiary Stage. The tertiary stage is

characterized by swellings called gummata, by various ulcers, by affections of the bones, the viscera, nerves, brain and arteries. This "stage" may make its appearance in a year or two (generally two) after infection, it may make its appearance in twenty or thirty years, or the patient may escape it altogether. It may last a few months to a few years or it may accompany the patient to the grave. Now we will take up each stage separately.

THE PRIMARY LESION: THE CHANCRE

The signal that informs us, alas! too late, that a syphilitic infection has taken place is known under the name of chancre, Hunterian chancre, hard chancre, primary sclerosis, initial lesion, infecting chancre, etc. Chancres that are on the penis or scrotum are called genital; chancres formed on other parts of the body, like the lips (from kissing), the tongue, the tonsils, the chin, fingers, etc., are called extragenital. The most characteristic feature of the chancre is its *hardness;* in many cases it is as hard as cartilage, and when the hardness is unmistakable and when swelling of the glands is present and the period of incubation is confirmatory of a syphilitic lesion we are justified in making a positive diagnosis. But many chan-

SYPHILITIC INFECTION FROM A BARBER (HEIDINGSFELD)

SYPHILITIC INFECTION FROM A MANICURIST (HEIDINGSFELD)

HEREDITARY SYPHILIS, FACE AND TEETH

cres are not characteristic and in such cases one must be very cautious before making a positive statement, unless the finding of the *spirocheta pallida* leaves no doubt on the question.

What is the spirocheta pallida? The spiro-

Spirocheta Pallida, or Treponema Pallidum, the Germ of Syphilis as Seen under the Microscope

cheta pallida is a germ to which syphilis is due. It is a minute organism, belonging to the class of protozoa, spiral or corkscrew-shaped, having often as many as fourteen turns, very thin and very motile. It can be seen with the highest powers of the microscope only. There is another spirocheta, called spirocheta refringens, similar in shape to the pallida, and which may readily be mistaken for the latter by the inexperienced.

But the spirocheta refringens is thicker, has longer and fewer spirals and stains more readily and more distinctly. If one has seen typical specimens of both spirochetes he will not be likely to mistake the one for the other.

The honor of the discovery belongs to Schaudinn and Hoffmann, both of Berlin. The author was fortunate enough to be present at the meeting of the Berlin Medical Society at which the announcement of the discovery, with microscope and stereopticon demonstrations, was made. The skepticism was quite general at first, but as corroborative reports began to come in from observers in all parts of the world, the skepticism gave way to general acceptance.

THE SECONDARY STAGE

The secondary stage makes its appearance in about six weeks after the appearance of the chancre, and may last a year or two. It is the stage of eruptions and mucous patches. The first eruption is a very faint red rash called the roseola or syphilitic roseola. It is sometimes very faint and may pass unnoticed by the patient himself, but to the eye of the experienced physician, it tells the story very plainly. This rash may cover the whole body, or only the trunk and the front of

SPIROCHETÆ PALLIDÆ IN LIVER OF NEWBORN INFANT

the arms. This rash is not in the least elevated upon the skin. It can only be seen, but it cannot be felt. But later there are numerous other eruptions in the form of pimples, or pustules, etc, which are elevated above the skin and which can be readily felt.

Often there is a string of pimples on the forehead which are very characteristic and from which alone an experienced physician can make a diagnosis. They bear the euphonious title of corona veneris or Venus' crown.

When the first eruption makes its appearance it is generally also accompanied by slight fever, and the patient complains of general illness, pain in the bones, particularly in the legs, and in the ribs. These pains usually get worse toward evening and become very bad in the night time. It is one of the characteristics of syphilitic pain that it is always worse at night.

At the time when the eruption makes its appearance, or a little later, the throat is also apt to get sore, and little sores may appear on the tonsils, throat, tongue, cheek and lips. These are the well-known mucous patches, which are exceedingly infectious, just as infectious as the chancre itself. A mucous patch begins as an innocent little white spot; after a while the white mem-

brane comes off and a shallow little ulcer is left.

During this stage the hair also usually falls out. There are two ways in which the hair falls out. Either there is a general thinning of the hair, the entire hair-covering being affected in the same manner, or it begins to fall out in little patches, becoming like moth-eaten or mouse-eaten. This baldness or alopecia is very characteristic and often is alone sufficient to establish or at least to corroborate the diagnosis of syphilis.

Iritis or inflammation of the *iris,* which is the ring about the pupil of the eye, is another one of the lesions of secondary syphilis. It may come on with the roseola. Under proper treatment it lasts anywhere from two to eight or ten weeks and then disappears without leaving any permanent injury. But if the attacks recur frequently, the eyesight may be impaired or altogether lost.

THE TERTIARY STAGE

The tertiary stage is the stage of swellings and ulcers. A syphilitic swelling or tumor is called a gumma (plural: gummata). There is not a part of the body outside or inside that may not be attacked by gummata and ulcerations. There may be gummata on the brain or in the spinal cord,

in the heart, liver, spleen, on the scalp, arms, legs, etc. The nose may sink in or ulcerate away entirely, the patient acquiring a horrible appearance, the soft palate or hard palate and the epiglottis may become perforated, making it difficult for the patient to eat or to talk; the penis and testicles may be destroyed, the stomach, kidneys and bladder may become affected—in short, there is not a tissue or an organ in the body which may not be affected or destroyed by the poison of syphilis. The cases of tertiary syphilis that used to be seen in former years were horrible indeed. They were enough to turn the stomach of the most hardened venereal specialist. We are glad to say, however, that nowadays we seldom come across any of those horrible cases of tertiary syphilis. In fact, a large percentage of patients *escape the tertiary stage* altogether. This is due to the improvement in our treatment, to the fact that patients apply earlier to the physician, to the general improvement in the people's economic condition, and their knowledge of general hygiene. The people as a whole are cleaner, and their intelligence being of a higher level, they are both anxious and able to follow the physician's instructions more faithfully and more intelligently. A syphilitic patient who refuses to fol-

low instructions should be dismissed without much ceremony. The responsibility is too great.

LOCOMOTOR ATAXIA AND GENERAL PARESIS

Two more diseases which are caused by syphilis must be mentioned. They are locomotor ataxia, also called tabes or tabes dorsalis, and paresis or general paresis, also called general paralysis of the insane. Not every case of locomotor ataxia or general paresis is caused by syphilis, but the *vast majority* are.

Locomotor ataxia may come on twenty or thirty years after the syphilitic infection. It is a slow insidious disease, and is due to a hardening of the spinal cord. Very few people are not familiar with one or more *ataxic* patients. They are easily recognized by their peculiar jerky and dragging walk—the so-called tabetic gait. The patient's feet lose the proper sense of locomotion; when he wants to walk he raises the feet too high and then he flops them down on the ground too far. When his eyes are shut he cannot tell exactly where his feet are, and he cannot stand without swaying. The lightning pains which the patient has in his stomach as if a knife was turned in him, or around the abdomen, as if an iron girdle

were put around him, is another distressing feature of locomotor ataxia. After a while—it may be only two or three years or it may be ten or twenty—the patient loses control of his urine and feces, and then he is a burden to himself and to others, and he prays for death to deliver him.

The treatment of locomotor ataxia has been very unsatisfactory until recently, and the outlook was indeed a gloomy one. Lately since we have begun to treat it by injections directly into the spinal canal, the outlook is somewhat more hopeful.

General paresis or general paralysis of the insane is due to a softening of the brain and degeneration of the spinal cord. The patient gradually loses his mind—first he becomes eccentric, then silly, then crazy. As a rule the patient dies in about three years after the commencement of the disease—which is a pity. For it would be much better for the patient and his friends and relatives, if he died in three weeks, or in three days. The saddest spectacle in all the world is a man afflicted with general paresis. If there is a disease in which euthanasia is indicated, general paresis is one. It would be a kindness to the sufferer and to those around him if it were permitted. And it is certainly cruelty in the highest de-

gree to let the lunatic suffer until he dies from exhaustion.

There is no treatment for general paresis. Even the latest treatment by direct intraspinous injection has no real success to its credit. Occasional remissions and temporary improvements —yes; but we have these without any treatment whatever.

Chapter Sixteen

HEREDITARY SYPHILIS

HEREDITARY Syphilis is sometimes spoken of as congenital, but this is incorrect. We use the term congenital syphilis when the child is *born* with the symptoms of the disease, with sores, ulcers, etc. In hereditary syphilis the child may look perfectly well and healthy when born, but shows signs of the disease later on; maybe in a few weeks, in a few months or in a few years. The severity of hereditary syphilis depends upon the proximity of the parents' or parent's infection. The longer the time from the father's or mother's infection to the birth of the child, and the more energetic the parents' treatment has been, the milder the disease in the child.

As stated before, a syphilitic child when born may look perfectly healthy, but within three weeks to three months the symptoms may begin to show themselves. One of the first symptoms is *snuffles;* the child keeps on constantly snuffling as

if it had a severe cold in its little head; and he cries with a peculiar hoarse cry. Then a rash with blisters and fissures makes its appearance on the soles and palms; there are also fissures on the lips and around the anus. The whole little creature acquires after a little while a pitiable appearance, becoming thin, pale, and looking like a dried-up wizened little old man. In former years such children used almost invariably to die, which was a good thing for them and for society. But now, fortunately or unfortunately, by our superior methods of treatments we save a good many of them.

When syphilitic children reach the age of six, seven or eight, they are apt to show other symptoms.

One of the most characteristic symptoms is a certain *notching* of the upper central incisor teeth. This condition was first described by Dr. Jonathan Hutchinson, a famous London physician, and such teeth are known as Hutchinson's teeth. This malformation is not seen in the temporary teeth; only in the permanent or secondary set. Not all hereditary syphilitics have Hutchinson teeth, but when present, they are quite characteristic. Another frequent symptom of hereditary syphilis is an inflammation of the cornea of

NOTCHED UPPER CENTRAL INCISORS, IN A CASE OF HEREDITARY SYPHILIS

SYPHILITIC CHANCRE OF TONGUE

the eye—keratitis. A permanent *opacity* may remain, and blindness may result. A third not infrequent symptom is deafness, which may come on suddenly. The hearing may be perfect, but suddenly when the child is anywhere between eight and eighteen years old, the hearing becomes impaired and total deafness may result. These three symptoms: Hutchinson's teeth, inflammation of the cornea or keratitis and deafness, are called the *diagnostic triad of hereditary syphilis.*

Syphilitic children should never be nursed by strange wet-nurses, because of the great danger of infecting the nurse. They should be nursed by their own mothers, because a mother who has given birth to a syphilitic child has herself the disease, no matter in what mild form, and is practically immune to further syphilitic infection, at least from the child.

THE GRAVE PROBLEM OF HEREDITARY SYPHILIS

If all syphilitically infected children were born dead before term or were stillborn at term, or showed symptoms of the disease within a few days or weeks after birth, the problem of hereditary syphilis would be a comparatively simple one. Infants showing signs of the disease would be treated energetically from the very beginning,

and would either die or get over the disease. But as stated before, this is not always the case. Many children born of syphilitic parents show no signs of the disease until ten, fifteen or twenty years perhaps, and some do not even show it until the age of thirty or forty. Apparently in perfect health, they all at once begin to develop eruptions or ulcerations or begin to suffer with severe headaches, become deaf, begin to act queerly and so forth. And such cases are as a rule but very slightly amenable to treatment. If there had been a suspicion that the children were infected, opportune treatment might have prevented the development of disastrous symptoms.

It is therefore the duty of parents who know themselves to have been infected with syphilis, and who with or without the consent of the physician gave birth to children, to have their children's blood examined. They should do so even if they were told positively by their physician that they were cured of the disease. Fortunately, we have now a test which tells us with a high degree of positiveness whether the child carries in him the syphilitic poison or not. In former years all we had to go by was the external appearance of the boy or girl. If they looked healthy and showed no external signs of the disease, we con-

sidered them free from syphilitic infection. Now the Wassermann blood test shows us that a person may look ever so well and still harbor the germs or the poison of the disease.

I therefore reiterate that in any case where either the father or mother or both once suffered with syphilis, the child should have its blood tested. And if the Wassermann test is distinctly positive, then treatment should be instituted. By doing this we may avoid great disaster in the future.

I have in mind a beautiful young girl of the age of fifteen, who was the picture of health and to all appearances a perfect specimen of young womanhood. All at once she began to suffer with severe neuralgia of the face and with pain in the nose. She went to some general practitioner, who gave her sprays and ointments for the nose, but the condition was getting worse, very rapidly worse. Suddenly an ulceration appeared in the roof of the mouth and the nose sank in. She then went to a specialist, but it was too late to do anything; the soft palate ulcerated away and the nose, both the soft and the bony part, was *completely gone.* She also became blind in one eye. She now wears an artificial nose, but what her feelings are can better be guessed than described. The doctor who

treated her first did not go to the trouble to try to find out her history. Nobody had any suspicion that the trouble might be syphilitic. The specialist, however, got a clear history of syphilis in the father; in fact, the father had died of paresis.

Once more I reiterate: all children whose parents, either one or both, have passed through a syphilitic infection, should have their blood examined and not once, but several times.

Chapter Seventeen

THE TREATMENT OF SYPHILIS

I HAVE not considered the specific treatment of any disease in this book. I do not think that actual treatment of disease is a proper subject for lay books. First, self-medication is always bad, and second, a little knowledge is a dangerous thing, particularly in medicine. But I must say a few words in reference to the treatment of syphilis, because unfortunately there are a number of quacks who decry the use of mercury in syphilis, and as the layman is not always successful in differentiating between the quack and the scientific physician, he is apt to be influenced by the tirades of ignoramuses against mercury, and refuse to use it when afflicted with the disease.

Those who write against the use of mercury in syphilis are perniciously and viciously ignorant. Mercury has always been, and still remains the best and surest drug we have in the treatment of the disease. The quacks try to make believe that

many of the symptoms, such as the eruptions, ulcers, locomotor ataxia, etc., are due not to syphilis, but to the mercury used in the treatment.

The falseness of this assertion can be shown at once, when I tell you that some of the worst cases of ulcerated bones, spinal disease, etc., are found in patients who *never took a grain of mercury*. Many hundreds of such cases were collected by Fournier, and every specialist with a large practise has seen such cases. And anybody who has seen the rapid improvement, almost immediate disappearance of many of the symptoms of syphilis under the proper use of mercury, will not question the value of this drug.

Another proof of the great value of mercury in the treatment of syphilis we have if we watch the course of various pregnancies in syphilitic women. As is well known, the woman who is infected with syphilis is very apt to abort. Without treatment she may abort half a dozen times or more in succession, or if she gives birth to a child at term it is stillborn, or if it isn't stillborn it may show the signs of syphilis within a few weeks after birth. But if such a woman is subjected to a vigorous course of mercury, a marked change takes place almost at once. She stops having abortions and the child that is born at term

is born without any signs of disease and may never show any signs of disease as long as it lives.

Yes, if any proofs of the value of mercury in syphilis were needed, we could get them by observing the influence of mercury on successive pregnancies, and by the gradual improvement in the children that are born.

The drug next in value in the treatment of syphilis is salvarsan, also known as 606, or arsenobenzol. While this drug has not proven such a miracle as some over-enthusiastic doctors at first thought it would, still it is one of the most valuable drugs we possess. But we do not depend upon it alone in the treatment of syphilis. We simply use it as an adjuvant to mercury.

The third valuable drug in the treatment of syphilis is potassium iodide, or iodine in some other form. These three drugs constitute the foundation stones of the treatment of syphilis. And in the hands of the experienced physician, practically every case of syphilis can be handled successfully.

Of course the drug treatment alone does not constitute all there is to the treatment of syphilis. The patient's general health must be kept up to the highest point. He must have good nutritious food, take hot baths, particularly *sulphur baths,*

frequently; must have plenty of fresh air, not overwork himself mentally or physically in any shape or form, and last but not least, he must keep his mouth and teeth in perfect condition.

If all these things are attended to from the beginning of the infection, syphilis is not a difficult disease to manage. The chief thing is to begin the treatment at once as soon as the chancre has made its appearance. Every day lost in the beginning counts. And when a patient neglects the first year or two of his disease, and comes to us with severe sores and ulcerations, then he cannot expect to get along so well as he would if he had come on the day he became sick.

HOW LONG MUST THE TREATMENT LAST?

A patient may suspect that he has syphilis, but still when the doctor's diagnosis makes this suspicion a certainty, he gets a severe shock. Probably the severest shock he has ever had, or is likely to have in his life. But as soon as he gets over the shock, more or less, the first question he is pretty sure to ask is: How long will I have to be treated? To this question my answer always is: As long as necessary.

Syphilis is not a disease with a definite course, and we cannot lay down definite rules as to the

length of treatment. It all depends upon the severity of the disease, the patient's constitution, his age, his economic condition, and the course which the disease is pursuing. No two persons are alike in this respect. In some people syphilis is a comparatively mild affection, in others it is one of the most horrible of all diseases.

As a general thing we may say that we prefer now to be on the safe side, and we subject our syphilitic patients to a longer course of treatment than we used to formerly, and for the following reason:

Many patients who show no symptoms of the disease, and whom in former years we would have discharged as cured, are now shown by the Wassermann test to still harbor the germ or the toxin of the disease.

Taking an average case of syphilis, a case of medium severity, it is best that the patient should take treatment regularly for three years, with some intermission perhaps during the third year. He also should come to the physician during the fourth or fifth year for a brief course of treatment. And it would be a good thing if patients who once suffered with syphilis made it a rule to come to the physician's office once a year for an examination for the rest of their lives. It can-

not do them any harm, and the physician noting some danger signal may save the patient from a recurrence of some syphilitic lesion or the development of some nervous trouble.

THE WASSERMANN TEST

Most laymen, particularly those who are the victims of syphilis, have heard of the Wassermann test, and of course as usual they are apt to have an erroneous idea about it. Some think that it is 100 per cent. sure, and if the report of the Wassermann blood test comes back as negative, they think they are all right, and may stop all treatment. This is not so. The Wassermann test is a very valuable test. It is the most important test we have for syphilis, but it is not an absolute test. It is only correct in about 85 per cent. of cases; in other words, in about 15 per cent. of cases a Wassermann may come back positive when the patient has not the disease, or it may be negative when the patient does have the disease.

It is, however, a very dangerous thing to rely upon the findings of the Wassermann test alone, particularly one test. The Wassermann is very valuable, but only if taken in connection with the entire history, symptoms and general condition

of the patient. Only an experienced physician is able to assign the proper value to this test. And only after a patient has taken the proper treatment for the proper length of time, has shown no symptoms whatever for a certain period of time, say a year, and only after several successive Wassermann tests have proven negative, do we pronounce him cured. But even after being pronounced cured, he must still take care of himself, and come to the physician once a year for many years to come, for a thorough, complete examination.

Chapter Eighteen

CHANCROIDS

CHANCROID, also called soft chancre or soft sore (to distinguish it from syphilitic chancre, which is called hard chancre or hard sore), is a small ulcer usually occurring on the genitals. It is very infectious, and what is more it is *auto*-infectious or *auto*-inoculable, that is, if the pus of the chancroid touches a delicate part of the person's own skin or mucous membrane he is apt to get another chancroid. While chancres are usually *single,* chancroids are usually *multiple,* that is, a person usually has several chancroids at the same time. He may have dozens of them. Chancroid is also due to a special germ, discovered by Dr. Ducrey and Dr. Unna, and therefore called the Ducrey-Unna bacillus, but it is a germ that lives in filth, and it is as a rule only the poorest kind of prostitutes that suffer with them, and only men consorting with the dirtiest kind of prostitutes that contract them. Chancroids are seen often in the poor dispensaries, but seldom nowadays in private practise.

The little ulcers or sores begin as yellow spots surrounded by a red border; these spots become pimples and then they fill with pus, when they are called pustules; they burst and discharge a little bloody pus, becoming an open sore or ulcer, with a base which feels soft to the finger (hence it is called soft sore or soft chancre; the chancre of syphilis has a hard base). Chancroids have a very short incubation period; that is, they may make their appearance in 12 to 24 hours after intercourse. (Gonorrhea and syphilis as we know take several days to develop.)

Chancroid is a purely local disease, that is it does not affect the system the way syphilis does; and if properly treated can be quickly and surely cured. But if improperly treated, if the patient tries to treat himself, or puts himself into the hands of a quack, the condition may become very serious. It keeps on spreading, getting worse and worse, until a portion of the penis is destroyed. I have seen cases in which almost the entire glans was eaten away.

BUBO

A very frequent complication of chancroid, particularly in neglected or maltreated cases, is "bu-

bo," or swollen glands in the groin. The glands become large, soft, and the skin over them is very red. A bubo (vulgarly called blue-ball) which results from chancroid is very painful (a bubo which results from chancre is painless) so that the patient is hardly able to walk, and often ends in suppuration and the discharge of pus. When this happens it may take months before everything is healed up.

It is necessary to bear in mind that there is such a thing as mixed infection. That is, a person may have a chancre and a chancroid at the same time, and where this is the case the diagnosis becomes very difficult, for the ulcer may be soft and still it may consist of both chancral and chancroidal ulcerations. We therefore make it now an invariable rule to make a Wassermann examination of the blood in every case of chancroid, even if the diagnosis of chancroid seems perfectly plain and sure. It is always better to be on the safe side and it is better to be over anxious than not anxious enough.

We have seen many cases that were diagnosed as chancroid or soft sore, but which proved to be syphilitic on a Wassermann examination, and by the eruptions and ulcerations which they later developed.

It is only the man with little knowledge who is positive and cocksure. The more a man knows, the more cautious and the less dogmatic he is.

Chapter Nineteen

VENEREAL DISEASE AND MATRIMONY

IN former years when a man who had suffered from gonorrhea or syphilis became free from any *visible* symptoms of disease, he considered himself perfectly fit to marry, and even physicians gave their sanction to marry when the gonorrheal discharge was all dried up, or when there were no syphilitic skin lesions or mucous patches. Now not only the medical profession, but even a greater part of the laity, knows better than that.

Such books as Brieux's "Damaged Goods" or the author's "Never Told Tales," which was the *first* book of its kind in any language, and numerous lectures and pamphlets have taught the people to be careful. They have learned that a man may apparently be free from any symptoms of disease, and still be very infectious to his wife.

The man who is brute enough to knowingly subject his wife to the danger of infection with gonorrhea or syphilis does exist, but he is fortunately a rare specimen. The majority of men are decent,

and since they have learned that a man who once suffered with venereal disease may afterward still be dangerous unless he is pronounced safe by a competent authority, they are taking means to make sure that they are safe. It has therefore become quite a common practise for men who once suffered with venereal disease, no matter in how mild a form, to apply to a physician for an examination, which will show definitely whether or not it is safe for them to get married.

There is no short road to a positive opinion. It requires a thorough, painstaking examination at the hands of an experienced physician to tell whether a man who once suffered with gonorrhea or syphilis is perfectly safe or not to enter the bonds of matrimony. Sometimes several examinations are required. But the opinion of a conscientious experienced physician can always be relied upon, and if all men who once suffered with any venereal disease would seek for and be guided by such an opinion, there would be no cases of marital infection.

WHEN MAY A GONORRHEAL PATIENT BE PRONOUNCED CURED?

For a man who once suffered with gonorrhea to be pronounced cured, the following conditions must be present.

1. There must be no discharge.

2. The urine must be perfectly clear, free from shreds.

3. The secretion from the prostate obtained by prostatic massage, and from the seminal vesicles obtained by "milking" or "stripping" the vesicles, must be free from pus and from gonococci. To make sure it is best to make three such examinations at different times.

4. There must be no stricture and no patches in the urethra.

5. What we call the complement fixation test, which is a blood test for gonorrhea, similar to the Wassermann blood test for syphilis, must be negative.

Referring to conditions 1 and 2, it sometimes happens that the patient has a minute amount of discharge or a few small shreds in the urine, and we still permit him to marry, but this is done only after the discharge and shred have been repeatedly examined and have been found to be catarrhal in character and absolutely free from any gonococci or other germs.

It sometimes happens that a patient comes to us for an examination a few days before the date set for the wedding. We examine him and find that he is not a safe person to marry, and we

advise him to delay the wedding. Sometimes he follows the advice, but in some cases he is unable to do so. He claims the wedding has been arranged, the invitation cards have been sent out, and to delay the wedding would lead to endless trouble and perhaps scandal. In such cases we of course assume no responsibility, but we do advise the patient to use an antiseptic suppository or some other method which saves the bride from infection for the time being, while the husband has a chance to treat himself until he is cured. Of the many cases in which I advised this method I do not know of one in which infection has taken place.

WHEN MAY A SYPHILITIC MARRY?

1. I would make it an invariable rule that no syphilitic patient should marry or should be permitted to marry before FIVE years have elapsed from the day of infection. But the period of time alone is not sufficient; other conditions are necessary before we may give a syphilitic patient permission to marry.

2. He must have received thorough systematic treatment for at least two or three years, either constantly or off and on according to the physician's judgment.

3. For at least one year before the intended marriage, the patient must have been absolutely free from any manifestations of syphilis, that is, from any eruptions on the skin, from any mucous patches, swelling in the bones, ulcerations, etc.

4. Four Wassermann tests taken at intervals of three months, and at a time when the patient was receiving no specific treatment, must be absolutely negative.

If these four conditions are complied with, the patient may be permitted to marry. It is important to state that in giving our permission or refusal to a syphilitic patient to marry, we are guided to a great extent by the fact whether he expects *to have children soon or not.* In the case of a couple who are anxious to have children soon after their marriage, the conditions for our permission must be much more severe than in the case where the couple is willing or anxious to use contraceptive measures for the first years of their married life. For if a man is free from any skin disease and from any mucous patches his wife is safe from infection *as long as she does not get pregnant.* But if she does get pregnant she may become infected through the fetus, and of course the child is also apt to be syphilitic. Hence, much stricter requirements for a syphilitic who expects

to become a father are necessary than for one who does not.

As to the value of the testing of the cerebro-spinal fluid, as a guide in permitting or refusing marriage, the entire question is still *sub judice*.

Chapter Twenty

VENEREAL DISEASE AND QUACKERY

SEVERAL times in the course of this book I have felt impelled to sound a warning against the various advertising quacks, medical institutions, mail order concerns and "museums for men only" which infest this country. If I do so once more in a special chapter it is because I wish to impress the matter very strongly upon the minds of my readers. I feel very strongly on the subject, and if you were as familiar with the rascalities of the quacks as I am, you would feel the same way.

Quacks of all kinds are a menace to the public, but the venereal and "lost manhood" quacks are a double menace. Not only do they fail to cure the patient, but they often make him worse. And in many cases they deliberately induce a disease which the patient did not have before. Not only do they ruin his health, they weaken and pervert his mind, making him the subject of groundless fears of which he may not be able to rid himself

for years and years to come. And then they often act the part of blackmailers, robbing the patient of his very last dollar, knowing that the patient with a venereal or sexual disease is, above all, anxious to avoid publicity.

They are utterly heartless in their demands of money, often going so far as to threaten the patient with exposure. I could relate a hundred of the most heartrending stories of dishonesty and heartlessness of the quacks that came to my personal notice, but two or three will have to suffice.

Case One. A young foreigner who had not even exposed himself to infection noticed a little pimple on the penis. He got frightened and noticing the advertisement in a newspaper of a great "specialist" who promised to cure all diseases of men in a few days, and stating that consultation was absolutely free, he applied to him. The quack examined him, told him that he had syphilis, and that he must start treatment at once. He agreed to cure him for one hundred and fifty dollars in advance. The patient had no such amount of money with him, but he did have ten dollars, which he delivered up to the quack and agreed to pay ten dollars every week. On leaving the office he became somewhat suspicious; the quack's manner and his eagerness for the money, no matter

how much or how little he had with him, appeared to him in the right light, and he decided to inquire for a reputable physician.

When I examined him I found that there was absolutely nothing the matter with him, that the pimple did not amount to anything, a little bismuth powder dried it up in twenty-four hours and he never had any symptoms since.

Case Two. This concerns a young man who got what he thought was a gonorrhea. He went to a quack who advertises in a number of newspapers and the quack agreed to cure him for one hundred dollars and obtained fifty dollars in advance. He treated him for three months, and during the entire time the condition was getting gradually worse and worse. In the meantime he obtained the other fifty dollars and when the patient remonstrated with him about his condition, he told him that he knew what he was doing, and if he did not like it, he should get out. Finally the patient's condition became so bad that he was unable to pass any urine. He then consulted a friend who brought him up to me, and when I examined him I found that he was not suffering with gonorrhea at all, but that he had a chancre in the urethra. The case was perfectly clear, and the syphilitic eruption was all over his body. Not

only did the poor fellow lose one hundred dollars of his hard-earned money, but he lost several months of valuable time in which the syphilis was making rapid progress because uninfluenced by proper treatment.

Cases in which a simple little eczema was declared by the quacks to be syphilis, cases in which varicocele and stricture were diagnosed by the quack where none existed, cases in which operations, useless and unnecessary, were advised and often performed by quacks, can be related by the thousands, but they would be monotonous by their repetition. All I can say is, as you value your health, your life, your manhood and your peace of mind, avoid quacks, mail order concerns, museums for men, and medical institutions that advertise themselves as specialists in the treatment of venereal diseases and lost manhood.

Case Three. A boy of seventeen had been indulging occasionally in masturbation. There was absolutely nothing the matter with him, and he was feeling all right. Unfortunately, one of the quack booklets, distributed by the sharks who run the "museums for men only," fell into his hands. He read, and the more he read the more frightened he got. He read that any one indulging in the "outrageous secret sin of Onan" was apt to

get tuberculosis, anemia, epilepsy, heart trouble, and worst of all, insanity, "the insane asylums being filled with such subjects." He was told in the quack booklet that a sure sign that he was losing his vital fluid was to look in the urine, after it stood for several hours, and see if it contained a cloudy sediment. He did look and did find a heavy, cloudy sediment. Now he was frightened to death. As a matter of fact, we all know that *anybody's* urine, the urine of the healthiest man, will, if standing for some time, particularly in a cool place, give a heavy deposit. But the poor boy did not know that, and so he went to the quack for months and months, giving away every dollar he could save or borrow, selling his expensive watch, and telling his parents that he was robbed of it, and all the time he was swallowing nasty stuff, which ruined his stomach and brought out pimples all over his face. He was becoming irritable, depressed, melancholic. After several months of this kind of robbery and malpractise, he consulted a decent physician, who gave him the correct information, and in about a week he was as well as he ever was before the quack pamphlet got into his hands. The indiscriminate distribution of these quack pamphlets to unsuspecting boys and young men should certainly be made a criminal offense.

Chapter Twenty-One

MINOR AFFECTIONS OF THE GENITAL ORGANS

PHIMOSIS

PHIMOSIS is a narrowing or contracting of the prepuce, or foreskin, so that it cannot be pulled *back* or retracted, and the glans cannot be uncovered. Some boys are born with this condition, and such boys should be circumcised without fail. For if not circumcised the secretion from the glans accumulates and may in time produce inflammation or ulceration of the glans penis. In some cases little concretions like stones form and they are very irritating and may even interfere with the proper performance of the sexual act. Phimosis may also be caused by gonorrhea, chancre and chancroid. Whenever it does occur in the course of these diseases, it makes the treatment of the latter more difficult and more unsatisfactory, and in order to obtain good results we are often forced to perform circumcision.

PARAPHIMOSIS

Paraphimosis is the opposite of phimosis; it is a term applied to a condition in which the prepuce is caught behind the corona of the glans, and cannot be pulled *forward* over the glans. It surrounds the penis like a tight cord. This condition may become very dangerous, as the glans becomes puffy, reddish blue, and unless relieved may become gangrenous. It may also be extremely painful, and interfere with micturition. Fortunately most cases are easily reducible by the experienced physician.

BALANITIS

Balanitis is an inflammation of the glans penis. It is derived from the Greek word balanos, which means acorn, and refers to the shape of the glans. It may occur as the result of coitus with a woman having an irritating discharge, but generally it is the result of lack of cleanliness, particularly in people with a long and narrow foreskin.

Posthitis is an inflammation of the prepuce. (From the Greek, posthe—prepuce.)

Balano-posthitis is applied to an inflammation of both the glans and the prepuce.

Here we have three affections—phimosis, paraphimosis and posthitis—which can be completely

avoided by timely circumcision. Balanitis is also a much rarer and a much milder affection in the circumcised than in the non-circumcised. And he who has seen some severe cases of phimosis and paraphimosis—which threaten the very integrity of the male organ—will not have much doubt that the law-giver who ordained the circumcision of all male infants was also a pretty good hygienist. And the fact that more and more people, outside of the Jewish and Mohammedan races, subject themselves to circumcision points to the conclusion that the hygienic utility of this measure is becoming universally recognized.

ADENITIS, LYMPHADENITIS (INGUINAL ADENITIS, BUBO)

In severe cases of gonorrhea, syphilis and chancroid, particularly when the patient is obliged to do a good deal of walking and lifting, the inguinal glands are apt to become inflamed and swollen, and adenitis or inguinal adenitis or bubo is a term applied to swollen glands in the groin. Bubo is much more frequent in syphilis or chancroids than in gonorrhea.

PAINFUL ERECTIONS AND CHORDEE

In a person suffering with gonorrhea, it is natural that the congestion and irritation of the ure-

thral canal should be the cause of frequent and prolonged erections. These are sometimes the bane of the patient and are the most disagreeable and most painful feature of his gonorrheal attack. While they are most frequent at night, they do occur quite frequently in the daytime, and they may be exquisitely painful. If frequent and persistent in the daytime, they put the patient in an embarrassing position, so that he may find it difficult to attend to his work in the office, store or factory. In the night time the erections are frequently accompanied by pollutions, which are sluggish, the semen oozing out slowly, and the urethral inflammation becomes aggravated by them. The erections frequently aggravate the gonorrheal inflammation, and retard the cure. A vicious circle is established, as is so frequently the case in disease. The urethral inflammation causes the erections, and the erections aggravate the inflammation.

The term chordee is sometimes applied to these erections, but this is incorrect. The term chordee is properly applied only to erections accompanied by a curving of the penis downward. The condition is so painful that the patient in his agony—and in his foolishness—breaks it. That is, knowing of no remedy and unable to bear his suffering,

he lays the penis on a table or a window-sill and deals it a violent blow with the fist. It breaks the chordee, but it also breaks the penis, tears the urethra, and this is accompanied by bleeding—sometimes severe—and the formation of a stricture.

But painful erections and chordee are not always the result of gonorrhea; they may be due to any other inflammation or irritation; they may be due to long abstinence in vigorous men, and sometimes no apparent cause can be found.

Chapter Twenty-Two

HERPES OF THE GENITALS

HERPES is a rather common affection of the genitals. It consists of an eruption of several small vesicles or blisters, which either burst, leaving a raw surface, or dry up and disappear within a short time. Herpes is often due to uncleanliness, but not always so, for it occasionally appears in people who keep their genitals in a scrupulously clean condition. In such cases, we consider the herpes to be due to some nervous disturbance. Occasionally it is due to an irritating discharge in the woman, and some men will get an attack of herpes each time they have intercourse with a certain woman, but will not get it any other time. Herpes is a mild affection, and disappears by itself or can be cured in a few hours or a few days, and would hardly be worth while discussing here but for two reasons.

First, when the vesicles or blisters rupture and leave a raw surface, they render the patient more liable to infection with chancroid and syphilis.

Any raw surface is a port of entry for the germs. Therefore, while the herpes in itself is a trifling affection, it must be treated and its attacks prevented in order to save the patient from the possibility of infection with other diseases.

Second, the importance of herpes resides in the fact that it frightens many patients into the belief that they are suffering with venereal disease, and if they are unfortunate enough to consult an advertising quack, he confirms their fears, telling them that the most innocent little herpes blister is a chancroid or chancre and that they must undergo long treatment. I have had a number of cases of herpes which were diagnosed by the quacks as chancres, and which were given all kinds of internal treatment; an application of a drying powder for a few hours removed the condition entirely.

VENEREAL WARTS

These are small, painless little growths in the form of warts, which develop in people, particularly with long prepuces, and who do not keep their genitals scrupulously clean. They may develop in people who never had any venereal disease, but they are frequently also caused by the irritating discharges of gonorrhea, chancroid

or chancre. They are easily cured within a few days, but in people who neglect themselves they may attain a very large size, having the appearance of a small cauliflower. When they have attained a very large size, the quickest method of getting rid of them is by surgical removal or by burning them out with a cautery. But when they are small, thorough cleanliness and the application of a drying powder like bismuth or resorcin is sufficient.

NON-GONORRHEAL URETHRITIS

To the laity every discharge from the urethral canal is gonorrhea, but this is far from being the case. There are many kinds of discharges which are not caused by the gonorrheal germ or gonococcus. Some discharges are merely catarrhal in character. They are in the nature of ordinary catarrh, and can usually be readily cured. And it is the cure of such discharges which are non-gonorrheal in character which gives rise to the idea that some ignorant laymen entertain that a fully developed gonorrhea can be cured in three or four days.

A discharge may also be caused by the use of too strong injections. Injections used for the purpose of *preventing* gonorrhea after inter-

course, if too strong, may induce a discharge which frightens the patient into thinking that he became infected. But an examination of the discharge under the microscope settles the question. And it is well to state here that it is impossible to diagnose the character of the different discharges by merely looking at them. They must be carefully examined under the microscope and then only can the exact character of the discharge be found out.

HYDROCELE

Hydrocele is a swelling which consists of an effusion of the watery or serous part of the blood into the sac which surrounds the testicle and the spermatic cord. It sometimes, if neglected, reaches an enormous size. The condition is not a serious one and sometimes may be cured by a single tapping and removing of the fluid, but in some cases the effusion is apt to recur and then a slight operation becomes necessary.

If permitted to exist too long, the swelling by its pressure upon the testicle may interfere with its function and vitality.

When instead of the clear or serous part of the blood, the sac becomes filled with blood, the condition is called hematocele.

Chapter Twenty-Three

ACUTE PROSTATITIS

ACUTE inflammation of the prostate or acute prostatitis is unfortunately a rather frequent complication of gonorrhea. Of course every complication is unfortunate, but prostatitis is particularly so, because it is that complication which makes chronic gonorrhea one of the most obstinate, sometimes one of the most maddening, conditions to treat. Any gonorrhea in which the prostate is not involved is comparatively readily curable, for applications to the urethral canal are readily made and by the modern methods of dilatation-irrigation, we can lure the gonococci from their hiding places and destroy them, but once the gonococci penetrate the prostate then we have an entirely different condition to deal with. We cannot apply medication directly to and into the prostate, by no method of massage can we be sure to express every little subdivision and duct of the prostate, and it probably was the infection of the prostate that made Ricord say that we knew when

a man got gonorrhea but only the Lord knew when it would be over.

Symptoms. The onset of acute prostatitis may be very gradual, so that the patient has practically no symptoms, or perhaps only an aggravation of the symptoms caused by his gonorrhea. He may feel greater discomfort in the perineum, a sense of weight and dragging down, difficulty in sitting, or an inclination to walk with spread legs. Or the attack may come on very violently. He will feel a terrible weight and heat in the rectum, become feverish, and get perhaps a chill. In a severe acute prostatitis the temperature may go up as high as 103 or 104 degrees Fahrenheit. The patient is constipated, and if he moves his bowels the pain may be excruciating. The urethral discharge, if it was present before, frequently stops entirely, though this is not so frequently the case as it is with epididymitis. Mere touching of the perineum is painful, while the pain caused by inserting the finger in the rectum and touching the prostate is unbearable. Besides difficult defecation, pain or urination, or partial and sometimes complete retention of urine, the pain is severe not only on pressure but is spontaneous, and the patient asks for relief, which in some instances can be afforded only by morphine. The pain, instead

of being located in the perineum and rectum, may also radiate to the small of the back, to the glans penis, testicles and thighs.

After lasting for several days in about the same condition, a prostatitis may pursue one of three courses. (1) It may end in complete resolution, that is, the inflammation subsides and the patient gets perfectly well; (2) it may end in an abscess; (3) it may pass gradually into chronic prostatitis. Neither the first nor the second termination is very common; the most common one is the third, that is, chronic prostatitis.

When prostatitis terminates in abscess, there is a great increase in the heat, pain and throbbing of the prostate. There is excruciating pain on urination, headache, thirst, dry throat, and there may be complete retention of urine.

The abscess may break into the urethra, or into the rectum, or into the perineum. Sometimes it breaks in both directions, into the urethra and the rectum or perineum, thus forming a urethral or urethro-rectal fistula. When the abscess breaks into the urethra there is a great gush of pus, generally mixed with blood, and this happy event is followed by almost immediate diminution of all the symptoms.

If the abscess does not break within a day or

two and the fever goes up high, the best thing to do is to incise the prostate through the perineum. But if the prostate points into the rectum and there is a distinct fluctuating mass felt by the finger, then it is best for the physician to incise the prostate through the rectum.

Chapter Twenty-Four

CHRONIC PROSTATITIS

CHRONIC PROSTATITIS or chronic inflammation of the prostate gland is a very common condition. In a greater or lesser degree it is present in a very large percentage of the male population of every civilized country.

Causes. One of the most important causes of chronic prostatitis is gonorrhea, but gonorrhea does not play the same relative rôle in the causation of chronic prostatitis that it does in the causation of acute prostatitis. In the latter gonorrhea is by far the principal factor; other causes play but a subordinate rôle. This is not so in chronic prostatitis; while, as we said, gonorrhea does play a very important rôle, other factors are also of great importance. Among other causes are: masturbation; sexual excesses (that is, too frequently repeated natural sexual intercourse); *complete abstinence*, particularly if accompanied with excitation, mental or physical, without gratification; a steady, long-continued sedentary life; stricture; chills.

A chronic prostatitis following a gonorrhea, or other forms of urethritis, may be chronic from the very start or it may be the end stage of an acute or sub-acute prostatitis.

Symptoms. The symptoms of chronic prostatitis may vary from the mildest to extremely severe. There are cases of prostatitis which are symptomless, or practically so, and there are cases which assume the character of a very serious malady.

The Local Symptoms are those that we discover by an examination. The prostate is usually enlarged, soft, boggy, more than normally sensitive on pressure, and exudes a turbid lumpy secretion on expression.

The Sensory Symptoms are heaviness and a dragging sensation in the perineum, pain in the prostate and perineum, and itching around and within the anus.

A very frequent and most annoying symptom is a leaden heaviness in the calves of the legs, and also a burning in the soles of the feet. Another very common symptom is the frequency of urination. The patients may have to urinate every two hours or every hour, and if they happen to drink some irritating liquid like beer, may have to urinate every fifteen or twenty minutes. They also

have to get up in the night from one to four times. Another symptom is the urgency of urination.

The Sexual Symptoms are imperfect erections and premature ejaculations.

The General and Nervous Symptoms produced by an irritated or inflamed prostate are literally legion. First there is a general irritability, a physical and psychic irritability. The patient is affected by changes in temperature, and he gets very easily upset over little things. There is a general depression. This depression expresses itself not only in a lack of desire for work and a lack of interest for things, but in a general despondency. The patient may occasionally become deeply melancholic, and this to such an extent that he may harbor suicidal ideas. If the condition lasts long he may become a victim of sexual neurasthenia.

Chronic prostatitis should not be neglected. The patient should be put into the hands of a reputable physician or specialist. He should avoid the advertising quack as he would the plague.

Chapter Twenty-Five

ENLARGEMENT OF THE PROSTATE

ENLARGEMENT of the prostate gland, known technically as hypertrophy of the prostate or hypertrophied prostate, is a very serious and very common affection in men after the age of forty-five and particularly after the age of fifty and fifty-five. It becomes more common with advancing age. The exact causes of it are not known, not any more than we know the causes of other tumors. The statements made by some quacks and some reputable physicians that it is due to masturbation, or a pre-existing gonorrhea, or sexual excess, that is, excess in normal intercourse, are false and have no foundation in fact. As about ninety-five per cent. of all men have masturbated at one time or another, we naturally will find the history of masturbation in most people with a hypertrophied prostate, but no proof whatever of any causal relationship can be established. We will also find a history of masturbation in practically all people who have

gone blind or deaf, or who have rheumatism, or fell and broke their legs, etc., but of course that does not mean that masturbation had anything to do as a causal factor in these diseases or accidents.

As to gonorrhea, any relationship between it and hypertrophy of the prostate may absolutely be put down as false. For we have hypertrophy of the prostate in many people who never suffered from gonorrhea, and we have thousands and thousands of cases of gonorrhea in people who never develop hypertrophied prostates.

Nor can sexual excess be considered a factor. Many people who have lived a very active sexual life reach an old age without an enlarged prostate, while on the other hand, we find an enlarged prostate in many people who have lived a very moderate or completely continent sexual life, such as Catholic priests.

The fact of the matter is, that up to the present time we do not know the causes of an enlarged prostate. One cannot say why one man has an enlarged prostate or another one has not, and it is better to confess our ignorance in this respect than to make guesses which have no foundation.

Symptoms. The symptoms produced by an enlarged prostate are very numerous and depending

upon the degree of enlargement and upon its direction, that is, whether the direction is more towards the rectum or towards the bladder, vary from mild to extremely severe. The first trouble of an enlarged prostate of which the patient becomes aware, and which generally brings him to the physician, is disturbance of urination. The stream becomes thin and feeble, and there is great frequency; sometimes the patient has to urinate every ten to fifteen minutes, and he has to get up several times during the night. After a while complete retention may set in so that the patient cannot urinate at all except with the aid of a catheter. After a while the patient usually develops a severe catarrh of the bladder or cystitis, which aggravates the condition. This inflammation may travel upwards through the ureters into the kidneys and set up an inflammation of the kidneys.

Besides the urinary symptoms the patient suffers from a number of other symptoms. The sexual power generally becomes weakened, erections are interfered with and the ejaculations are premature. The patient in general becomes irritable, disinclined to work, restless, and seems to suffer with a sort of toxemia which is not due to the catarrh of the bladder alone. The prostate it-

self seems to generate a toxic substance which is absorbed into the blood and produces the various symptoms of auto-toxemia, or blood poisoning.

If patients would consult a physician as soon as they notice some trouble with their urine, they might perhaps avoid a further aggravation of their trouble, for it is quite likely that by proper massaging of the prostate, a careful hygienic and sexual life, we might stop the further progress of the disease; but as a rule when the patient comes to the physician, the disease is fully established and very little can be done except to subject the patient to catheter life or to remove the prostate by operation. Catheter life is merely a palliative measure and with few exceptions the patient who cannot urinate except by the use of a catheter, sooner or later develops inflammation and sepsis, and catheter life as a rule is limited only to two or three years.

While the operation of removal of an enlarged prostate is a serious one, still, in competent hands, the mortality is small, and on the whole the best thing to do with a really enlarged prostate is to have it removed, provided the patient's health in other respects is satisfactory.

Chapter Twenty-Six

VARICOCELE

AS varicocele constitutes one of the chief items in the stock of trade of the quack and advertising charlatan, it is worth while to devote a special brief chapter to it.

In any not well supported or well protected part of the body, the veins are apt to become enlarged and dilated; thus in the legs we often find enlarged veins which we call varicose veins.

The same thing is apt to happen with the veins which surround the spermatic cord, and such a condition of dilated or enlarged veins is called varicocele. Very many people have varicocele in some slight degree, and the wonder is that many more people do not suffer with it. Varicocele is particularly apt to develop in men who have to do heavy work, a good deal of lifting, and who have to be a greater part of the day on their feet. Varicocele in a mild degree causes no symptoms whatever and is of no consequence whatever. General strengthening of the muscular system and

cold baths, washing the genitals with cold lotions, and the wearing of a well-fitting suspensory bandage are all that is necessary.

The mild degree of varicocele does not in any way affect sexual power unless the patient, who has been frightened by quack literature, begins to worry, and then he is liable to become psychically impotent. However, if the varicocele is of severe degree, feels like a big bunch of worms, and causes a heavy, bearing down sensation, it is apt to prove injurious. It may even interfere with the normal performance of the sexual function. In such severe cases the best thing to do is to have the varicocele removed by a surgical operation.

There are certain cases where the varicocele is caused by an abnormally large, loose scrotum. In such cases it may be necessary to remove a portion of the scrotum so as to make it tighter, to make it a better support for the testicles and the spermatic cord.

Chapter Twenty-Seven

EPIDIDYMITIS

EPIDIDYMITIS is an inflammation of the epididymis, which, as you know, is the body lying close to the testicle on its posterior side. It carries the semen from the testicle to the seminal duct or vas deferens. It is one of the most frequent and most serious complications of gonorrhea. The patient is very frequently at fault; for by walking, lifting, working, dancing, drinking, indulging in sexual intercourse, straining at stool, using injections forcibly, etc., in short by doing things he should carefully avoid, he himself brings about this painful complication, which is so dangerous to the *perpetuation* of the race. It is epididymitis that renders gonorrhea in the male a social, a *racial* disease. Were there no such complication as epididymitis, gonorrhea would be nasty, painful, dangerous, but it would be an *individual* disease. But on account of epididymitis, which renders thousands and thousands of men *sterile,* thus endangering the perpetuation of the human species, the gonococcus acquires the dig-

nity of a racial poison, and gonorrhea that of a racial disease.

Symptoms. When a man has epididymitis, he knows it. Sometimes he knows it several hours before he has the epididymitis, by a severe pain in the groin. The pain in the groin is particularly severe when the spermatic cord is involved in the inflammation. As the swelling of the epididymis proceeds, the pain gets more intense and the patient can walk only with great difficulty. There is a general feeling of malaise, there is fever, which may go up as high as 104 degrees Fahrenheit, and the patient feels undoubtedly sick. In mild cases the patient may be able to walk about, but each step is accomplished with pain, and with a terrible feeling of heaviness and dragging down in the scrotum. Quite frequently the patient, if of what we call a nervous temperament, shows a tendency to faint. Occasionally he feels as if he had been hit in the stomach, is nauseated, vomits, and in some cases there may be convulsions.

Epididymitis is usually unilateral, that is, only one epididymis is affected, but in a large number of cases it is bilateral, that is, on both sides. The swelling of both epididymides, however, rarely occurs at the same time; usually one epididymis swells a few days before the other.

A very peculiar phenomenon, which is present in almost every case of epididymitis, is the complete stoppage of the urethral discharge as soon as the epididymis swells. The discharge may be ever so profuse, it almost invariably stops with the establishment of this complication. Sometimes it stops several hours before. When the epididymitis subsides or is cured, the discharge starts up again.

Gonococcal epididymitis very rarely ends in suppuration. But there is one legacy that a gonococcal epididymitis leaves very frequently, and that is a hardening of the head or the tail of the epididymis, with blocking of the lumen of the vas deferens. And if this condition occurs in both epididymides, the patient becomes *sterile*. In fact it is very seldom that a gonorrheal epididymitis heals so smoothly as to leave absolutely no induration. Very often the hardening in either the globus major or the globus minor remains with the patient through life, and by feeling it we can know that the patient has had gonorrhea ten or twenty or thirty years before, when there are no other symptoms to indicate it. Of patients who suffered with epididymitis on one side, about twenty per cent. are sterile. Of those who had

epididymitis on both sides, from forty to forty-five per cent. remain sterile.

The induration of the epididymis and the occlusion of the lumen of the vas deferens have for their result, as stated before, sterility of the male. They either permit absolutely no semen and spermatozoa to pass, the condition being one of aspermia, as much so as if the patient had been castrated; or the spermatozoa that pass are very few in number and deformed, and do not possess enough vitality to impregnate the ovum. But, strange as it may seem, this sterility is not accompanied by any impotence or diminished libido, or any other changes in the secondary male characteristics or in the patient's general health.

SEMINAL VESICULITIS

Seminal vesiculitis, or spermatocystitis, is an inflammation of the *seminal vesicles,* either one or both. The most common, and by far the most important cause, of seminal vesiculitis is gonorrhea. An important predisposing cause is *coitus* during the acute or subacute stage of gonorrhea.

The symptoms may not be distinguishable from those produced by the onset of an acute prostatitis. There is one symptom, however, which distinguishes it from prostatitis, that is the semen

may be mixed either with blood (hemaspermia) or with pus (pyospermia). When the onset is very acute the patient may feel nauseated, may vomit and feel like fainting.

Gonorrhea may also attack the rectum, causing gonorrheal proctitis; or even the mouth, causing what we call gonorrheal stomatitis.

Chapter Twenty-Eight

STRICTURE

STRICTURE is a narrowing or constriction of the caliber of the urethral canal at some point or points. It may be caused by gonorrhea, or by some other inflammation of the urethral canal. It may be so narrow as to prevent the passing of the urine. A stricture can be stretched or dilated, but in some very bad cases it must be cut.

Symptoms. One of the commonest symptoms of stricture is the well-known gleet, which consists of a slight urethral discharge. The discharge is generally supposed to be most common in the morning, but this is only so because during the night the patient passes the longest time without urinating, and the discharge has time to accumulate in sufficient amount to be noticed. But if the patient should abstain from urinating during the day for eight or nine hours we will be sure to find the discharge then, too.

The next symptom is a change in the size and character of the urinary stream. It is this that often brings the patient to the doctor. Besides

being smaller in size than usual, it may assume a fantastic direction, going either to one side or downward, or may become corkscrew shaped; or, which is very common, it splits in two or three different directions.

Then there is almost invariably dribbling of the urine. And finally we may have complete *retention* of the urine, the patient being unable to pass a single drop.

The sexual symptoms of stricture are important, because they are frequent, annoying, and often overshadow the urinary symptoms caused by the stricture. These symptoms are weakened or imperfect erections, premature ejaculation, diminished pleasure during the act, a feeling of scalding or burning in the urethral canal during and after the ejaculation. As a rule there is a diminished desire for intercourse, but occasionally, as so often happens in the inflammations around the posterior urethra and the prostate, there may be just enough inflammation to keep up an irritation which makes the patient believe that he is constantly erotically excited; it is a fictitious libido, a false desire. In irritable stricture pollutions are also frequent, and it is here that we sometimes have to deal with *retropollutions* or ejaculations of the semen into the bladder.

Chapter Twenty-Nine

GONORRHEAL RHEUMATISM

GONORRHEAL ARTHRITIS or gonorrheal inflammation of the joints is not a very frequent complication of gonorrhea. It occurs in about two per cent. of all gonorrheics and is much more frequent in the male than in the female sex. While any gonorrheal focus in the genito-urinary tract may give rise to gonorrheal arthritis, it is particularly frequent in cases of prostatitis and seminal vesiculitis. The latter is considered the most important factor on account of the rich network of bloodvessels which surround the vesicles. In frequency the joints affected are as follows, in the order named: knee joint, ankle joint, wrist joint, finger joint, elbow joint, shoulder joint, hip joint and jaw. The knee joint, as said, is the most frequent, furnishing as many cases as all the other joints combined.

Chapter Thirty

GONORRHEA OF THE EYES. OPHTHALMIA NEONATORUM

GONORRHEAL OPHTHALMIA or gonorrheal inflammation of the eye in adults is generally due to direct infection by the fingers, soiled towels, etc. In newborn infants the infection takes place directly, by the eyes touching the cervix and vaginal canal or by the infecting material being transferred from the baby's body. There are also cases where the infection of the infant's eyes takes place in the womb. In such cases the infant is born with a fully developed ophthalmia, or it may even be born totally blind. Fortunately such cases are rare.

Prophylaxis. Here, if anywhere, prophylaxis, or prevention, is infinitely more important than cure. I make it a rule to instil in every adult gonorrheic a wholesome fear of infecting his eyes. I tell him—and her—that carelessness may mean the loss of eyesight, and I give them instructions how to be careful, how to wash their hands after

touching the genitals, even ever so lightly. And I can assure you that they follow instructions. There is nothing people are so much afraid of losing as their eyesight, except their minds.

It is stated, and the statement may be accepted as correct, that in civilized (?) countries about one-third of all the blindness is due to ophthalmia neonatorum. The horribleness of the disease therefore requires no emphasis, no discussion. And its prophylaxis becomes a matter of the greatest importance, imposing a grave responsibility upon every attendant connected with bringing a child into the world. The mother, if afflicted with gonorrhea, must be treated with frequent non-irritating antiseptic douches, etc. But even if the discharge is apparently purely leucorrheal, treatment should not be neglected. For a leucorrheal discharge may also give rise to infection.

The child, as soon as delivered, must be given special attention with reference to its eyes. If we have known the mother before delivery and are *sure* that she is all right, then merely wiping (wiping always *away from the eyes,* and not towards them!) the infant's eyes with cotton swabs wet with boric acid solution (2 per cent.) is sufficient; but where we suspect or know that the mother has had a gonorrheal discharge, then be-

OPHTHALMIA NEONATORUM
(Haab. Courtesy of Dr. Henry P. De Forest)

TOTAL BLINDNESS DUE TO PERFORATION OF THE EYEBALL
(Courtesy of Dr. Henry P. De Forest)

sides the preliminary cleansing we must instil into each eye some solution which kills the gonococci. Professor Credé may well be considered one of humanity's great benefactors, for by his investigations and teachings he has saved the eyesight of thousands and thousands of children. In cases that are strongly suspicious it is still advisable to stick to his original recommendation—the instillation into each eye of two drops of a two per cent. solution of silver nitrate. In the general run of cases, however, a one per cent. solution of silver nitrate (1 drop in each eye) is sufficient.

The diagnosis of gonorrheal inflammation of the eye is not difficult. The disease starts with redness and with an excess of secretion, which may be serous in the beginning but soon becomes purulent (full of pus). The eye is badly swollen and glued together. It is sometimes so strongly glued together that it requires quite some washing and manipulating before the lids can be separated.

No time should be lost! Every hour, every minute is precious. As soon as the least inflammation, the least redness is noticed in a newborn baby's eyes, a competent physician should be called in at once.

And adults suffering with gonorrhea should also act accordingly. The least irritation or inflammation in the eyes demands competent medical advice.

Chapter Thirty-One

SEXUAL ABSTINENCE AND THE SEXUAL NECESSITY

IT seems to be so hard for the majority of people to maintain a calm, judicial attitude towards the various questions affecting their physical, but particularly their economic and spiritual life. The tendency is almost always to go to extremes, to be partizan, to take sides. How few, how very few, are really anxious to pursue the truth, regardless of where the pursuit may lead them! This partizan attitude is particularly noticeable in discussions which concern the exercise of the sex function.

The acrimony displayed in the discussion of sex indulgence and sex morality is caused by two factors: First, the disputant's own sexuality, and second, the conflict which exists between extramarital indulgence on the one hand, and religion and social custom on the other.

First: A person with a strong sexuality assumes a different attitude on the question from a

person who has become sexually impotent, or one who has never possessed any, or hardly any, sexuality. Second: The sex instinct is the only one of our instincts whose gratification is in conflict with church tenets, legal statutes and social customs. Anybody can satisfy his hunger instinct, his thirst instinct or his sleep instinct without coming in conflict with the authorities or inviting social ostracism. Not so with the sex instinct. And hence we have two strongly antagonistic camps. The followers of the first camp, themselves usually strongly sexed and free from any religious dogmas, claim that the gratification of the sex instinct should be as free and considered as proper as is the gratification of any of our other instincts. Some go to extremes and claim that sex indulgence becomes proper and is not injurious as soon as the instinct is fully awakened—which means from the age of fourteen to sixteen. They claim that if people began to indulge this early they would avoid masturbation and pollutions and would be in better sexual health.

The followers of the second camp, much more numerous than the first, in the perfectly natural, and from their point of view laudable desire, to save young men from illicit sex relations, with

their concomitant dangers of venereal disease, and offenses against religion and custom, try to minimize the strength or importance of the sex instinct, and even deny that there is such a thing as a "sexual necessity." They admit that it is proper and rather beneficial for a married man to have sex relations, but they claim there is no need whatever for a non-married man to have any sex relations, even if he has reached the age of thirty or forty; and they further claim that complete sexual abstinence during a person's entire life is not in any way injurious, and is not incompatible with perfect physical and psychic health. Some do not believe in the non-injuriousness of absolute continence, but believe it is best and safest for all concerned to say so in public.

The author is not an extremist and he believes that the truth is the best policy in the long run. And here is the truth about sexual abstinence and the sexual necessity. The sexual instinct is one of the strongest instincts we possess. It is next in intensity only to the nutrition instinct or hunger. Of course, it is a perfectly natural instinct, and the possession of a strong feeling for the opposite sex is nothing disgraceful, nothing to be ashamed of. It is no more a disgrace than the possession of exuberant health is. But, we are

not living in a primitive state. We live in a state of what we call civilization. Whether our civilization is something to boast of, is a different question. The senseless butchery that is now going on in Europe is rather an indication that our civilization is fundamentally not superior to primitive savagery. But such as it is, we live in it; and much as we may despise some of its edicts, much as we rebel at some of its restrictions, we are bound to pay them some tribute, unless we are ready, with open eyes, to accept social ostracism and martyrdom. Speaking, therefore, not from a religious or moralistic point of view, speaking from the point of view of the boy's or young man's own interests, it is best that until the age of twenty or twenty-two, there should be no sexual indulgence.

It is very unfortunate that the sex instinct in the male should awaken so early, so prematurely. From the point of view of our social standards and economic conditions, it awakens at least ten years too soon. But what are we going to do? Indulgence immediately after the full awakening of the sex instinct is not to the best interest of either the individual or the race, and self-repression up to a certain age becomes imperative. I will not lie to you, I will not tell you that the re-

pression is always an easy matter, but as repression up to a certain age is unavoidable, it is a matter of wisdom to make the best of it, and *turn it to good uses.* The injurious effects of complete abstinence up to the age of twenty-two are trifling; they are more a sense of discomfort and irritation with perhaps some mental heaviness, than actual injury; and if the boy or young man uses his will power and *is always busy,* then the difficulty will not be an insuperable one. That a strong *voluntary* determination to abstain has a good effect on a person's will-power, of this I am quite convinced. But there is another factor which will help you to come out victorious, if you have decided to remain continent, and that is the process of *sublimation.* It has been found that the energy, the nerve force, the psychic element which constitutes sexuality, if not expended in the ordinary way, can be elevated or sublimated, that is, diverted into other channels. An idle, or a mentally inferior person can but with great difficulty repress his sex instincts; but a civilized human being, a man or woman with ideals, can sublimate his or her sexuality into a study of the sciences, into literature, painting, sculpture, music, or social work. The ecstatic religious feeling in many young men and women which so gladdens the

heart of the pious puritan is nothing but sublimated sexuality.

But we must not draw unwarranted conclusions. Because a man can sublimate his sexuality up to a certain age, it does not mean that he can do so with impunity forever. A man can reduce his food to a very small amount indeed, and live, but it does not mean that he can live without *any* food. The exercise of the sex function is not a vital function; life does not depend upon it; but a person's *all round physical and mental welfare* does. And in the author's opinion a man after the age of twenty-two or twenty-five can not abstain entirely without some damage to his sexual power, without some impairment of his capacity to do mental work. Very few completely abstinent men can reach the age of thirty or thirty-five without some impairment of their sexual power. I do not mean that their *fertility* is impaired: a man can be continent to the age of forty, forty-five or fifty and still be able to beget children; the spermatozoa are not necessarily affected. But his power to perform the act properly is usually affected, that is, he is more or less impotent. Often he is completely impotent, being unable to have any erections, or suffering with immediate ejaculations. And he is very apt to be a neuras-

thenic. In addition to the sexual impairment, he is often a sufferer from various nervous disturbances, ranging from ordinary "nervousness" to genuine neuroses or even psychoses.

And this is the truth in a nutshell about sexual continence and the sexual necessity, as concurred in by the world's foremost sexologists, who have devoted themselves to a study of the subject, without bias, without any preconceived notions.

There is a great deal more to be said on the subject of sexual abstinence, but a further and freer discussion must be left for another occasion, for a more advanced book. Here I must merely emphasize that those who assert that complete sexual abstinence up to an advanced age is devoid of any injurious effects, are not telling the truth. Some are telling this untruth deliberately, some are telling it ignorantly. The motives of both are good, but an untruth remains an untruth even if told in a good cause.

Chapter Thirty-Two

MARRIAGE

MARRIAGE is the most important step in a man's life. Marriage often makes a man's life, and just as often mars it. To discuss briefly all the qualifications necessary for a happy marriage would be worthless, and for two reasons: First, all rules given for happy marriages are apt to be thrown to the winds when a man falls in love. He will then act contrary to his principles and his firmly made decisions and resolutions. Second, we have not yet reached such a stage of knowledge, where we can say dogmatically just what conditions are necessary to a happy marriage, and what characteristics will result in the unhappy marriages. Only too often have people been disappointed—pleasantly or unpleasantly. And it is well known that some of the sincerest love-marriages, supremely happy at first, turn out later on very unhappily.

Nonetheless, we do know something about some of the factors essential to a happy marriage, and

no wise man will neglect to inform himself about them.

The first factor is good sexual health and power. Not merely freedom from venereal disease, but good sexual potency. For, no matter how favorable all other conditions may be, no matter how sweet-tempered both partners, how excellent their financial condition and how good their general health, if the husband is suffering from sexual impotence, the marriage *cannot* be a happy one (with one exception—when the wife herself is also impotent, or absolutely frigid). Most likely it will be a tragedy. In fact, in my opinion, more unhappy marriages, more tragedies, more divorces result from the husband's sexual impotence than from venereal disease. As I stated elsewhere, you can, if you are forewarned, protect your wife from venereal infection; you can do nothing for her if you are suffering from permanent incurable impotence. And it is a cheering sign of progress that just as men who once suffered from some venereal infection, and who contemplate marriage, are now coming to the physician to find out if they are free from any trace of disease, so men are coming in to find out if they are all right sexually. And then they also want to get all the information they can about the effects

of heredity, about marital hygiene, about the bridal night, about the proper frequency of sex relations, about the use of one or two beds, about means of regulating conception, so that children may not come too soon, or in too great numbers or in too rapid succession, and about a thousand and one other things. And the fact that this custom is getting in vogue with the intelligent laity is considered by the author a happy augury for the future. There can be no wiser procedure, no better paying investment than a pre-marriage examination at the hands of a competent physician. It may save the future husband and wife much ill-health and much misery. And books alone will not take the place of personal advice and instruction. The advice and instruction must be individual. For what is suitable for one person may be quite unsuitable for another. And besides, there are certain things that cannot be mentioned or explained in a book. Assuming that a writer possessed the ability and necessary clearness to explain "everything" in all its details, so that even the reader of ordinary intelligence would not misunderstand or misinterpret, our censorship, even if it should become more liberal than it is now, would never stand for it. But if we cannot discuss everything, let us discuss what we can.

The Bridal Night. The bridal night is the most important turning point in a woman's entire life. Upon the man's behavior during that night depends to a great extent his wife's attitude towards him. We must bear in mind that while in the vast majority of cases the bridal night is not the man's first sexual experience, it *is* the woman's first sexual experience, at least in the vast majority of cases. Of course there are at present many sophisticated young girls, who even while not familiar with the practise of the act, are fully familiar with the theory and are anxious to have the act consummated. In such cases there is nothing to be said. But we must bear in mind that even at the present time a great number of young women approach their first sexual experience with fear and misgivings. Incredible as it may be, even at the present time there are many women who go to the marriage bed with but the vaguest idea of the physical facts of marriage. We must also bear in mind that some women are extremely nervous and very tender, and where the hymen is of a rather tough consistency, the physical consummation of marriage is attended with considerable pain, and the man who is wise and considerate will not force matters, but will depend rather upon a gradual stretching than upon a

brutal tearing of the hymen. Some men will spend several nights or a week before accomplishing complete defloration. Sensitive women remain forever grateful for this consideration on their husband's part.

We also want to bear in mind that with the exception of sophisticated young women, whose curiosity has been aroused by a certain kind of literature, and by the tales and hints of their married friends, the young woman has not the same desire for sexual intercourse that the man has. With the woman the desire for loving, for contact, for caresses, is stronger than with the man, but the desire for intercourse is decidedly weaker, and in quite a considerable percentage of cases, is altogether lacking. It takes many women several years of sexual life and "sexual education" before they begin to feel the need for and to enjoy sexual relations.

From what has been said, it will be seen that the husband who wishes to keep and retain the regard, affection and gratitude of his wife, will be moderate and circumspect during the first few weeks of married life. Unless, of course, the wife herself is of a passionate nature and demands frequent satisfaction. In such cases the husband

will comply with his wife's wishes as far as he can without injuring his health.

Frequency. The physician is often consulted as to what constitutes the proper frequency of normal sexual relations. I have discussed this question elsewhere.* This cannot be done in a book intended for popular use. Here I will merely state that there can be no ironclad rules in this respect. In no sphere do men differ so much from one another as they do in the sexual sphere, and what is normal for one person is too little or excessive for another. But as a general rule it may be laid down that sex relations should not be repeated more frequently than twice a week between the ages of twenty-five and thirty-five, no more frequently than once a week between the ages of thirty-five and fifty, and only once in ten days or twice a month after that age. This is merely a general statement. Some people of fifty or sixty are much stronger sexually than others of thirty-five; and the person's occupation also makes a considerable difference. People engrossed in intellectual work cannot and should not perform the act as frequently as people devoted to physical labor only. But taken in a general

* Treatment of Sexual Impotence and other Sexual Disorders in Men and Women.

sense the statement is correct, and people who will be moderate in their younger years will preserve their sexual power to a much later age than those who are excessive.

Intercourse During Menstruation. Because many women are much more passionate during their menses than at any other period, and demand satisfaction at that time, husbands not infrequently consult physicians as to the propriety, injuriousness or harmlessness of intercourse during menstruation.

Putting aside the esthetic part of the question, sex relations should not take place during menstruation. It is apt to lead in some cases to congestion of the uterus and ovaries and may give rise to catarrh of the urethra in the man. But the ancient idea of the great injuriousness and the dire results of relations during menstruation rest on no scientific basis, and there are many couples who perform the act during that time without any injury to husband or wife.

Single or Separate Beds. The question whether the husband and wife should sleep in the same or separate beds is put to the physician much more frequently now than it used to be in former years.

As a general thing, my advice is: separate beds; both for reasons of general hygiene and for the

sake of sexual health, separate beds are preferable. There is no question whatever that when man and wife occupy always the same bed, the sexual act is performed much more frequently than it would be if they occupied separate beds, and this excessive indulgence may lead and does lead not only to a weakening of the man's sexual power, but to a mutual satiety which may prove very injurious to the future harmony between the wife and husband. It is even still better, where it is possible, for the wife and husband to occupy separate bedrooms, but unfortunately under our present social economic conditions this is a luxury which only very few can permit themselves.

Some even go to the extent of claiming that the husband and wife should not live in the same house, but should occupy separate houses, and should visit each other occasionally. They claim that in this way the early love would remain in perpetual flower and would never wither and fade. However, this is an academic question which need not be discussed here.

Nor will I discuss here the real or alleged psychologic need of husband and wife to part for a month or two every year. It is a question which must also be left for a more advanced book. I

consider it, however, necessary in the interest of fairness, to state that the necessity for separate bedrooms, the necessity for periodic separations, is very far from being felt by *all* couples. Very many men and women who occupy the same bed from the day of their marriage do not over-indulge, nor do they reach on that account any satiety. On the contrary, they become so used to each other that for either to have to sleep alone becomes an impossibility. Whether this is a desirable state of affairs is another question. Nor, as mentioned above, is the need for any separation felt by all couples. I have known couples who have not been separated for as much as a day in ten or twenty years, and they are not on that account tired of each other, nor do they feel the need of separation. On the contrary, when forced to separate for several hours, they feel uncomfortable. Some couples are so well matched—and it is such couples that the gods themselves envy—that they always feel better when they are together. They seem to complement each other and when alone they feel as if a part of them were lacking.

This goes to show that we cannot be dogmatic in making any dicta about human relations or in

laying down any rules for human conduct. As each human being differs from every other human being in the world, so each man or woman is a law unto himself or herself.

Chapter Thirty-Three

PROSTITUTION

THIS is not the place to go into a history of prostitution from its earliest days, to discuss its significance, its causes, its danger, or to take up the most efficient remedies for combating it or for minimizing its evils. A proper discussion of prostitution requires a good-sized book. Here I wish to limit myself to but a few points.

1. Prostitution and sexual promiscuity have existed from time immemorial, from the earliest dawn of history, and in some form or other, most likely in a more decent, more refined form, will continue to exist for many many centuries to come, probably forever. Commercialized prostitution will disappear, but illicit relations—never.

2. Prostitution is the chief source of venereal disease, the latter is its chief curse. But it is important to bear in mind that the non-professional or occasional prostitute is a greater source of danger than is the professional. The latter's livelihood depends upon her being non-

diseased, she is instructed by her madam or friends how to guard both against infection and pregnancy, and she has facilities for using sanitary measures. The amateur prostitute lacks both the knowledge and the facilities to apply it.

3. The evils that prostitution inflicts upon society are in great part the fault of society itself. If a body of people are despised, ostracized, kicked and spat upon, driven from pillar to post, insulted and infected with impunity, and altogether treated as if they were not human beings, they have a right to revenge themselves upon society; and the wonder is that they do not revenge themselves more often or more cruelly. They could if they wanted to. . . . The prostitute is a victim of our social-economic system, of heredity and of her *sex instinct,* and she deserves not contempt and brutality, but the deepest pity. Treat the prostitute like a human being, and she will behave like a human being.

4. The statement that *all* prostitutes are venereally diseased is untrue. The professional prostitute of the better class generally takes good care of herself and is seldom diseased.

5. The statement that the prostitute is usually a mental defective is untrue. She is generally of the same mental level as the class from which she

comes, and often possesses a good deal of culture.

6. The statement that the prostitute is a moral imbecile is untrue. With the exception of her sexual life, she may and often does possess many virtues. She may be and often is kind-hearted, generous, charitable and ready to sacrifice herself for a friend. Those who know her well assert that not rarely she shows a real nobility of character. Not a small number of them engage in prostitution in order to support a sick mother or sister, to help a brother through college or to support or bring up a child.

7. The statement that prostitutes usually die early, four or five years after entering upon their trade, is untrue. On the average they live as long as the rest of the community.

In short, our ideas about prostitutes need a thorough revision.

Chapter Thirty-Four

PROGRAM FOR A CHILD'S SEX EDUCATION

I AM often asked to give a brief outline or program of a child's sexual education. Many parents, and particularly those who know my dissatisfaction with the usual methods, and with the ordinary sex books for boys, ask me: "Tell us, how would you bring up a child in this respect? What would you tell a boy? How would you instruct him in sexual hygiene? How would you enlighten him in all those matters that are such a source of worry to every responsible parent? What would you do to guard against the dangers which beset the growing boy?" I will try to answer these questions in as brief a compass as possible.

First of all it must be remarked that the *atmosphere* is the most important thing in bringing up a child. Where there is the proper atmosphere, where the parents themselves are enlightened, where they themselves have been brought up

or have educated themselves to regard the sex organs and sex functions as something perfectly natural, as natural as any other organ or function of the body, and not as something disgraceful, something to be ashamed of, and not to be mentioned at all, or to be spoken of only in a whisper, there very little will have to be said. Merely a hint, or a matter-of-fact remark will be sufficient.

Where the atmosphere is not the right one, where the parents themselves are saturated with medieval ideas that sex is something filthy, is at best a necessary evil, and where no confidential relationship exists between the child and his father or mother, there the right bringing up of the boy will be difficult or impossible, and telling the boy will be difficult or impossible, and will do little or no good. It is not what you tell a boy, it is the life he lives, it is the life his parents live that influences him. I have seen houses in which children without being directly told anything, grew up with splendid ideals. Social ideals and sex ideals. And I have seen children who were explained and explained, told and told what to do, and what not to do, what was injurious to them, and what was good for them, who were frightened by all kinds of specters, and nevertheless turned

out sexually very vicious. Merely because the proper atmosphere was not there, and because the proper confidence and loving relationship did not exist between the child and his parents.

As a general thing I may say that a puritanical atmosphere, a strict ascetic religious bringing up is usually the worst for the boy. It is such boys that usually become the worst masturbators and the worst debauchees if they do not become impotent. A pleasant, joyous atmosphere with a commingling of the sexes, but free from any vulgarity and obscenity, is the best. In a house where there are growing children, children between the ages of two and twenty-two, smutty jokes and smutty acts should be strictly taboo. Any vulgar utterances or equivocal stories should be severely frowned upon. And in this connection I must remark that parents generally underestimate the powers of observation, of understanding, and the memory of their children. Very often parents or strangers will say or do certain things in the presence of a child of four or five, that they would not do before an adult, merely because they think the child will pay no attention to what it hears or sees, or doesn't understand its meaning, and will not remember it anyway. This is a very great mistake. Children are very acute observers, and

when apparently engrossed with some toy, or when they simulate sleeping, they will watch and listen, and even if a certain statement or act has no meaning for them at that time, its meaning becomes apparent to them later when they are a few years older; and it often exercises a pernicious effect.

The bringing up of the child in sexual matters as well as in other matters, physical or mental, must, as all thinking people will understand, commence not at puberty, not at any other such definite time, such as the age of ten or nine, but from the very beginning, one might say from the first year of its birth. For it is when the child is only a few days old that an important hygienic measure is to be performed which will save the child in later life a great deal of trouble. I refer to circumcision, to the removal of that utterly useless vestigial remnant, the prepuce. I have stated elsewhere that the prepuce is a very frequent factor in the development of masturbation. The accumulation of smegma is apt to lead to inflammation, irritation and even ulceration which necessitates treatment, which means handling the organs, a thing which should be avoided as much as possible. If phimosis happens to develop then a whole list of troubles is apt to follow. In short, from

every point of view, the performance of circumcision is advisable, both as a general hygienic and as a special sexual measure.

Complete nudity in a child should not be forbidden. On the contrary, it is a good thing for a young child to play in the nursery for two or three hours a day in a state of complete nudity. And if there are little boys and little girls, they should play together. The children get used to the appearance of the sex organs in the opposite sex, and that terrible curiosity which is often irresistible in young children, and which is often the source of a good deal of mischief, is hereby eliminated.

The general bringing up of the child is beyond the scope of this book, and of course requires a book in itself, but two or three remarks may not be out of place. That everything should be done to develop the child into a healthy, well functioning machine goes without saying, but it does not mean that the child should be encouraged in rough games, such as football. I do not believe in the educational value of such games. In my opinion they exert a decidedly injurious effect on the boy's character. A boy need not be a sissy, but he needn't be a rowdy either. And I know that I am very heretical, but I must express my heresy,

even if by doing so I run the risk of displeasing a big audience, that I do not ascribe the same value to athletics that many others do. Only too often the development of the body is accomplished at the expense of the brain. The great work of this world has not been done by the big-muscled, deep-chested giants, and to recommend athletic exercises and all sorts of rough games as a prophylactic against the awakening of, or as a remedy against the already awakened sex instinct, is, in my opinion, very foolish indeed. Only too often do they have the contrary effect.

What is of the utmost importance to a child, both in his childhood and for his entire future life, is the development of WILL-POWER. It is a good thing to impress upon the child as soon as it is capable of understanding, that the path of life is not all strewn with roses, that it isn't all cake and jam, that life is a hard struggle in which we must be able to take our part if we do not wish to be trampled upon. It is good to teach it, not by commands, but by explanations, that it is for its benefit to resist its desires and to overcome temptations. The Spartan method of teaching the child to bear pain without giving any indication of it is a good one. When a child is particularly fond of a thing, it is good to make it occa-

sionally renounce it. A very good discipline is to make the child fast now and then for either half a day, or for an entire day, or simply to make it go occasionally without a meal. In short, it is good to inculcate in the child the principle that it is to its benefit to be able to command his instincts and desires, to be their master, and not their slave.

Another important point in the bringing up of a child is to develop in it the REASONING faculties. To teach it not to take anything for granted, but to demand the *how* and the *why* of everything. Not to discourage, as so many stupid parents are doing, but to encourage in it the question-habit that always demands explanations. And not to force upon the child your social, political or religious beliefs, but to permit it to follow the trend of its own mind. Either convince him of the correctness of your beliefs and ideas, or let him have his own way.

To the child's inevitable question, "Where do I come from?" I would answer in plain unequivocal language, without any embellishment: "You came from Mama's body. You were first a tiny little bit of a thing, and mother nourished you with her blood until you became big enough and strong enough to live independently, and then you

came out of mother's body." It is good to show the child at as early an age as possible, the growth of various plants, the coming out of a little chick from its egg, the birth of kittens and puppies, etc. And the matter can be explained to him very clearly by analogy. But if all those things have not been shown to him, and he asks a question, then there should be no beating about the bush; the plain truth should be told. And it is a stupid thing to believe that telling the child the truth will in any way hurt its morals, or spoil it. On the contrary, if properly told, its affection toward its mother is increased a hundredfold, and its general attitude toward women is put on a higher plane.

To answer a child's question of "Where do I come from?" with the stork story, is of course beneath criticism, but trying to dodge the questions relating to human sexuality by lessons in the fertilization of plants, of frogs, or salmon, or by teaching the anatomy of the tapeworm will not do either. The proper study of man is man, and the proper study of human sexuality is human sexuality, and not the sexuality of plants or animals.

At about the age of ten or eleven—some boys are ripe for it, but some are not until the age of thirteen—a brief, but correct course in the Anat-

omy and Physiology of the sex organs should be given. Every man should know something about the anatomy and physiology of the sex organs; the same as it is good for him to know the anatomy and physiology of his digestive organs or his renal organs. But to believe, as so many do, that sex instruction with an outline of sexual anatomy, physiology and hygiene will ever prevent or delay the awakening, or even moderate the manifestations of the sex instinct, is utterly foolish. It could have no such effect as a general thing, though in a few instances it may prevent some boys from indulging in masturbation, or make them give up the habit if they are already indulging, and it may also, by teaching the danger of venereal disease, keep away a certain number from illicit intercourse. But on the other hand, there is no question whatever in my mind (and here you will see I agree with the most reactionary puritan) that in some cases, the teaching of sex hygiene *does* prematurely awaken the sex instinct, leads the thoughts in a direction for which they were not headed before, and even may be the cause of the developing of a habit which might have been avoided or at least delayed. In some cases the very lurid picturing of the evil results of masturbation may lead a boy into the habit

who did not know of its existence before. So while I am in favor of a rational truthful course in sex hygiene for boys, I do not deceive myself for one moment with any idea that it would lead to an extinguishment of the sex instinct, or that it would in any way materially influence its manifestations. You must bear this in mind, sex instruction to children acts and always will act as a double-edged sword.

The subject of masturbation must at one time or another occupy the mind of every parent.

The proper cure for masturbation is prevention. It is much simpler to cure a habit before than after it has developed, and if the points which I outlined in another chapter for the prevention of masturbation have been followed by the parents, there will be very little danger of that habit developing. But after it has developed, the boy must be spoken to kindly and frankly about the injury which he may cause himself. He must not be treated as if he were discovered in a crime, as if he were a thief or a liar; he must be simply told that it is not a nice habit, that continuing it he is apt to injure the growth of his body and brain. That he would not grow as tall as he might be otherwise. That he surely would not be so strong. And that he would not be

so successful in his studies. That he might fail in his examinations if he keep it up. And if the boy's will-power has been at all developed, he will not have any great difficulty in giving up the habit. But the parents should not be too much flustered, should not make the boy's life miserable, and should remember that it is only excess that is dangerous, that an occasional indulgence in the habit has no significance whatever and is not apt to injure either the mind or the body. The boy must also be told that it is not considered nice among refined people to talk about the genital organs, to make jokes about them, and it is considered very bad manners to touch or play with one's own genital organs or those of other boys or girls.

When the boy gets older he should be explained all about pollutions or wet dreams. He should be told that it is a natural phenomenon, that he should not be worried, and all the hygienic measures that we outlined in a previous chapter should be applied to keep the emissions within bounds. He should also be told that if those pollutions become too frequent, say once a week, or twice a week, that he is to tell his father, who would take him over to a physician, who would attend to the matter.

When the boy is still older, say between thirteen and sixteen, he is to be explained about the existence of venereal disease, he is to be shown that certain women who consort with men promiscuously are apt to be diseased, and that men must guard against them; he must be fully informed of the terrible nature of venereal disease. The nature and far-reaching dangers of Gonorrhea and Syphilis are to be pointed out, but even here no exaggerations are to be indulged in. While admitting the fact that the sexual instinct awakens in boys at the age of thirteen to fifteen, it is to be pointed out to him that under our present social conditions, it is best for all concerned for a young man to remain continent up to the age of twenty or twenty-two. The difficulties of resisting the sex impulse are not to be underestimated, but the young man is to be shown that the injury of continence up to that age is but very slight, and with sufficient will-power the task of remaining continent is not an insuperable one.

But how about young men who have passed that age? What should we advise a young man of twenty-four or twenty-five or older who is single? That will all depend upon a man's sexuality. For some men it does not seem to be difficult to abstain, even to the age of thirty. It is easy to

abstain for people who have a congenitally weak sexuality, and relatively easy for those who are great students, who engage in important scientific or research work. They do suffer occasionally from the non-satisfaction of the sexual desire, but the suffering is slight and the injury not great. Such people should naturally abstain. But there are some people to whom abstinence after the age of twenty-two or after the age of twenty-five is practically a physical impossibility. Their mental and psychic suffering is truly pitiable; they cannot sleep, they cannot eat, they cannot concentrate their minds. The struggle uses up all their energies, they become irritable, and may become hypochondriac. Such people should get married, but if for some reason or other they cannot get married, they should be advised or even urged to indulge in illicit sexual relations. It is a much greater crime both for themselves and for society to continue to remain continent, than it is to have so-called illicit relations. Such people should be carefully instructed in the proper use of Venereal Prophylactics. Nobody who keeps away from the use of alcohol, who is more or less discriminating in his female partner, and uses a venereal prophylactic need ever get a venereal disease. If the young man is fortunate enough to get in intimate

relations with a respectable girl or lady friend, or if he has a fiancée with whom he has sexual relations, but to whom he cannot get married for some years to come, he should also be instructed in the proper means of preventing conception.

Such is my sex education program extending from the day of the boy's birth to his twentieth or twenty-fifth birthday. And this program does not contain a single exaggeration, a single word of untruth, a single compromise, not a single false note, nor a single sop to Mrs. Grundy, and it is a feasible program, an everyday workable program; and what's more it is a highly moral program, for IT CONTRIBUTES TO THE WELFARE AND HAPPINESS OF THE INDIVIDUAL AND OF THE RACE. It *benefits everybody,* and it *hurts nobody.* By following it we can develop healthy and happy young men who will be healthy and happy fathers. It certainly differs from the sex programs laid out on our lecture platforms, and embodied in some of our sex books which are nothing but sermons in disguise; I consider the latter of no value because they cannot be followed, and are usually regarded either with a smile or a sneer by the greater part of the audience. In my opinion the lurid and physiologically untruthful lectures and

books do little good and very much harm; they are to a great extent responsible for the spread of three evils. Those evils are: masturbation, impotence and hypocrisy.

SEX KNOWLEDGE FOR WOMEN

Some sex problems are primarily male problems; some are primarily female problems. Thus, for instance, the problem of nocturnal emissions is of direct concern to the boy only; the hygiene of menstruation concerns the girl chiefly. But as sex deals with the relations of two individuals of opposite sexes, most sex problems concern both the male and the female. It is therefore important that men should, in addition to Sex Knowledge for Men, also make a study of Sex Knowledge for Women, and in his book of that name,[1] the author has treated not only the primarily female sex problems, but also the general problems which are of vital importance to both sexes. These two volumes, Sex Knowledge for Men and Boys, and Sex Knowledge for Women and Girls, complement each other and together make a complete elementary treatise on Sex Knowledge. Those who want a more advanced

1 Sex Knowledge for Women and Girls. Illustrated. The Critic and Guide Co. Ready for delivery October 1st, 1916.

book will find one in the author's, Woman: Her Sex and Love Life. For men and women of intelligence and education.[1]

1 Published by The Critic and Guide Company. Price: $3.00.

Chapter Thirty-Five

EXPLANATION OF TERMS

DURING my fifteen years of teaching and writing I have learned to take nothing for granted. It is better to be a little too plain than just the least bit obscure. Terms which we use every hour of the day, which are a part of us, which are as familiar to us as the words "bread and butter," may be either quite obscure or at least vague and indefinite to our audience. The physician, particularly when speaking to the layman, must take pains not to use too technical terms, or when such terms are unavoidable, he must explain them or make them clear by examples.

Such terms as cell, gland, duct, mucous membrane, epithelium, secretion, excretion, internal secretion, viscera, genito-urinary, cardiac, cerebral, metabolism, neurosis, psychosis, atrophy, hypertrophy, hyperesthetic, anesthetic, sterile, etc., etc., are to us commonplace, and as familiar as the names of articles of our diet or clothing. But they are not so to the average layman or young man who did not take a course in physiology. I therefore consider it advisable to devote a special

chapter or glossary to a clear, elementary explanation of terms which you may have come across in this book and which have perhaps not been explained in the text.

Acid.—A chemical, either liquid or solid, which combines with alkalies (or bases) to form salts and which has an acid reaction, that is, it turns certain blue vegetable colors like that of litmus *red*. The acids all have a sour taste and when concentrated a corrosive action. The gastric juice (the juice of the stomach) must contain a certain amount of acid (hydrochloric) in order to be capable of digesting the food. If it contains too much acid, we have a condition of *hyper*acidity; if too little acid, we have a condition of *hypo*acidity. All acids have a destructive action on the spermatozoa. See *Alkali*.

Alkali.—This term is applied principally to certain compounds of potassium, sodium, lithium, ammonium, calcium and magnesium; usually to their hydroxides, carbonates and bicarbonates. They all have one characteristic: when we add a small quantity of any of these chemicals to red litmus paper, the color at once turns from red to blue, and any substance which acts in a similar way towards red litmus paper or red litmus solution is said to possess an alkaline reaction. The alkalies are the opposites of acids; acids turn blue litmus red, and are said to have an acid reaction. When we combine an alkali and an acid in just such proportions that the compound has neither an acid nor an alkaline reaction, we say that they have been *neutralized*.

The reaction of the blood is alkaline. The reaction of the urine is acid. The reaction of distilled water is neutral.

ALKALINE REACTION.—Turning red litmus blue. See *Alkali.*

ANABOLISM.—See *Metabolism.*

ANATOMY.—The science that deals with the structure of the organs of the body.

ANEMIC.—Having blood of poor quality, that is, not possessing the proper percentage of hemoglobin or red blood corpuscles.

ANESTHETIC.—Devoid of sensation or sensibility. Insensitive to pain. A substance administered to produce insensibility to pain and loss of consciousness. Chloroform and ether are *general* anesthetics; cocaine, ethyl chloride, etc., are *local* anesthetics because they produce anesthesia or insensibility only in the areas to which they are applied.

ANORCHID.—Having no testicles.

ANTERIOR.—Referring to the front portion.

ANTISEPTIC.—A substance or measure destructive to germs and preventing decay or putrefaction.

ATAXIC.—Irregular; lacking the proper coordination of the muscles. Ataxic gait is the peculiar irregular gait noticed in people suffering with locomotor ataxia.

ATONIC.—Weak; lacking tone or strength.

ATROPHY.—The wasting and shrinking of an organ or tissue. The liver, the kidneys, the prostate, the testicles, may shrink away to a very small proportion of their original size. In some cases the prostate and testicles may become so small as to be hardly felt.

AXILLA.—The arm-pit—the space beneath the junction of the arm and shoulder.

BARRENNESS.—Sterility in the female. Inability to have children.

BIOLOGY.—The science of all phenomena pertaining to life and living organisms.

CALCULUS.—A stone. *Vesical calculus*—a stone in the bladder; *renal calculus*—a stone in the kidney.

CALIBER.—The internal measurement or diameter of a tube: the caliber of the urethral canal, of an artery.

CARDIAC.—Referring to the heart. *Cardiac palpitation*—rapid and tumultuous beating of the heart.

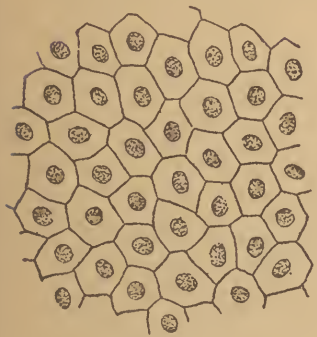
CASTRATE.—A male or female from whom the sex glands have been removed.

CASTRATION.—The process of removing, or destroying (as by the X-rays) the function of, the testicles or ovaries.

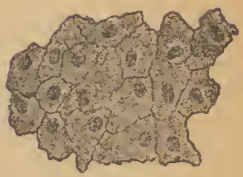
CELL.—A minute portion of a jelly-like matter (protoplasm), animal or vegetable, surrounded by a membrane or envelope. The unit of living matter. When we examine organic tissues such as a leaf or flower, or a piece of skin, muscle, liver or kidney under a microscope we find that they do not consist of formless homogeneous matter, say like water, but of separate units of various shapes glued together by a cementing material. These are the cells, and they form the bulk of all living matter. Cells are of different shape and perform different functions. Nerve cells are different both in shape and function from muscle cells, gland cells, cells of the skin or mucous membranes, etc. The human body consists of millions and millions and millions of

ISOLATED EPITHELIAL CELLS

MUSCLE CELLS



LAYER OF CELLS



EPITHELIAL CELLS

CELL FROM
BRAIN

CELL FROM
SPINAL CORD

NERVE
CELL

cells. In size the cells of the human body differ from about 1/125th to 1/5000th of an inch in diameter. Some cells, like the white blood-corpuscles, have no membrane or envelope.

CEREBRAL.—Relating to the cerebrum, or the chief portion of the brain.

CEREBRO-SPINAL.—Relating to the brain and spinal cord.

CERVIX.—The neck or narrow portion of the womb.

CONGENITAL.—Born with it, existing from birth. Congenital blindness, congenital syphilis.

CONGESTION.—An excessive accumulation of blood in any organ or part of the body; so we have congestion of the brain, congestion of the liver, congestion of the prostate.

CONTINENCE.—The same as abstinence: abstaining from any sexual relations.

COPULATION.—Sexual intercourse.

CORNEA.—The anterior part of the eyeball.

CRYPTORCHID.—A person whose testicles are hidden, i. e., have not descended into the scrotum (*cryptos*—hidden, *orchis*—testicle).

CRYPTORCHIDISM.—Retention of the testicles in the abdomen or inguinal canal.

CURETTING, CURETTAGE.—The process of cleaning or scraping the inside of the uterus or womb.

DEFLORATION.—The rupture of the hymen by sexual intercourse.

DEGENERATION.—Reduction from a higher to a lower type; deterioration of tissue to a lower or less functionally active form; a decline into a condition of less complexity; the process of getting worse, physically, mentally or morally.

Duct.—A tube or canal which carries off the secretion from a gland. The biliary ducts carry the bile to the intestines, the salivary ducts carry off the saliva, the seminal ducts carry off the semen.

Eczema.—A common skin disease, expressing itself by itching and secretion.

Ejaculation.—The throwing out; specifically, the throwing out or ejection of the semen in the male or of a mucous secretion in the female.

Ejaculatio Precox or Præcox.—Premature ejaculation of the semen.

Ejaculatory Duct.—The canal which carries the semen into the urethra; it is formed by the union of the vas deferens and the duct of the seminal vesicle.

Embryo.—The child in the womb before the end of the third month. After that it is called Fetus.

Endocrine Organs or Endocrine Glands.—Glands having no ducts and no external secretions; their secretions are absorbed by the blood. The endocrine glands are: The thyroid and parathyroids, the thymus, the suprarenals, the pituitary glands, and the pineal gland. Many glands (*perhaps all*) that possess an external secretion, have also an internal secretion.

Enema.—An injection into the rectum.

Epithelium.—A layer of cells covering the entire surface of the skin and of the mucous membranes. The epithelial cells form a compact layer, closely cemented together and of various shapes.

Erotic.—Pertaining to strong love or sexual desire; now used generally in its grosser sense.

Erythrocytes.—The red blood corpuscles.

ETHNOLOGY.—The study of the various races of mankind.

EUNUCH.—A man from whom the testicles or testicles and penis have been removed.

EXCRETION.—This term is applied to a secretion which is not necessary to the body, but is excreted or thrown off. Saliva and gastric juice are secretions and their presence is necessary to the organism; but urine is unnecessary to the body, if retained too long it would prove injurious; the body must get rid of it; hence urine is an excretion.

EXTRAGENITAL.—Away from the genital organs. A chancre on the finger, for instance, or on the lip, is referred to as an extragenital chancre.

EUTHANASIA.—Making death easy or painless in hopeless and severely suffering cases.

FETUS.—The child in the womb.

FISSURE.—A crack.

FISTULA.—A long narrow opening, due to ulceration or other diseased process and refusing to heal.

FLAGELLUM.—A little tail, or lash-like appendage which helps locomotion.

FRIGID.—Cold. Devoid of sexual desire.

FUNCTION.—The action or work of certain organs. For instance, the function of the stomach is to manufacture certain juices and help digest the food; one of the functions of the liver is to secrete bile; the function of the testicles is to manufacture semen; the function of the brain is to think and to feel.

FUNCTIONAL.—Referring to the function of an organ, and not to the structure of the organ. It is opposed to organic. An organic disease is one in

which the organ shows definite changes. If the heart is fatty or arterio-sclerotic, we have an organic disease of the heart, but if, for instance, it beats too rapidly, but we are unable to discover any organic lesion, we call it functional disease of the heart.

GANGRENE.—The death or mortification of a part of the body. It may be due to injury or lack of circulation.

GANGRENOUS.—Affected with gangrene or gangrene-like.

GENITO-URINARY TRACT.—The urinary and sexual system. Comprises in man the kidneys, ureters, bladder, penis and urethra, testicles and the epididymides, seminal ducts, seminal vesicles and prostate.

GLAND.—A gland is an organ which prepares or elaborates special fluids or secretions. For instance the woman's breasts, called the mammary glands, manufacture milk; the liver manufactures bile; the salivary glands secrete saliva; the gastric glands prepare the gastric juice; the pancreas the pancreatic juice; the testicles the semen, etc. Some of the glands prepare true secretions which are necessary to the body, like those enumerated above; others remove from the body injurious or waste products, such as the kidneys and the sweat glands. Most of the glands have special tubes or ducts by means of which they pour out their secretions; there are some, however, which have no ducts and their products are absorbed by the blood. Such glands are called the ductless glands, or glands with an internal secretion. They are also called endocrine glands or endocritic glands. The endocrine

or ductless glands are: The thyroid, the parathyroid, the pituitary, the thymus, the suprarenal glands. The testicle and the ovary also manufacture important internal secretions which are of great importance to the organism.

GONADS.—The essential sex glands, that is, the testes and the ovaries.

GROIN.—The part where the abdominal wall joins the thigh.

GUMMA (plural *Gummata*).—A syphilitic swelling, making its appearance in the tertiary stage of the disease. There is no organ or tissue in which a gumma may not appear. We may have gummata of the muscles, of the bones, of the liver, of the lungs, of the brain, etc.

HERNIA.—A rupture.

HERPES.—An eruption consisting of small blisters or vesicles. If it occurs on the genital organs it is called Herpes genitalis or progenitalis.

HYMEN.—The membrane which partially closes the vaginal orifice in virgins.

HYPERESTHESIA.—Excessive sensitiveness. Supersensitiveness. There may be hyperesthesia to pain, to cold, to noise, etc.

HYPERTROPHY.—The overgrowth and enlargement of an organ or tissue. See *Atrophy*.

INCUBATION PERIOD.—The time between an infection and the appearance of the symptoms of a disease. It usually takes from several days to several weeks for the germs to develop, and this is called the incubation period or stage of incubation.

INTERNAL.—Situated or occurring within or on the inside. Absorbed into the blood and not poured out on the outside. Applied to secretions.

-ITIS.—The termination *-itis* signifies inflammation. *Urethritis*: inflammation of the urethra; *prostatitis*: inflammation of the prostate; *bronchitis*: inflammation of the bronchi; *appendicitis*: inflammation of the appendix, etc., etc.

KATABOLISM.—See *Metabolism.*

KERATITIS.—Inflammation of the cornea.

LESION.—Any visible diseased change in an organ or tissue.

LEUCOCYTES.—The white corpuscles of the blood.

LIBIDO.—Sexual desire. Strong sexual desire.

LOCOMOTOR ATAXIA.—A disease of the spinal cord. Characterized by attacks of intense pain, difficulty and irregularity in walking, loss of sexual power, paralysis of the rectum and bladder, etc., etc. The disease is usually due to syphilis.

LUES.—A synonym for syphilis.

LUETIC.—Syphilitic.

METABOLISM.—The process by which organic beings transform foodstuffs into living tissue, and by which the living tissue is converted into waste-products; *assimilation,* or constructive metabolism, is known as *anabolism; dissimilation,* or destructive metabolism, is known as *katabolism.*

MIGRAINE.—A severe headache generally confined to one temple or one side of the head.

MOBILITY.—The power of moving about.

MONORCHID.—A person having but one testicle.

MOTILITY.—The power of independent motion.

MUCOUS MEMBRANE.—The interior lining of the body. Just as the skin constitutes the external lining of the body, so there is an interior lining which begins at the nose and lips and lines the entire respiratory and alimentary canals, terminating at the urethral meatus and the anus. The mouth, the nose, the throat, the larynx, the lungs, the heart, the esophagus, the stomach, the intestines, the liver, the kidneys, the bladder, the seminal vesicles, the urethral canal, the uterus, etc., etc., all have mucous membrane lining.

MUCUS.—The fluid or semi-fluid slimy substance secreted or excreted by the mucous membranes of the body. The mucus generally serves the purpose of lubrication; the secretion from the nose is called nasal mucus; the secretion from the urethra, urethral mucus, etc.

NEUROSIS.—A nervous disease without any discoverable organic basis; a functional disorder of the nervous system.

NEUROTIC.—Nervous; affected with a neurosis.

NEUTRALIZE.—To combine an acid and an alkali in such proportions that the resulting compound will have neither an acid nor an alkaline reaction, but will form a neutral salt. Washing soda is strongly alkaline, muriatic acid is strongly acid, but by combining them in the proper proportions, we get common table salt, which is neither alkaline, nor acid, but neutral.

NOCTURNAL EMISSION.—The loss of semen during the

night. Women also have nocturnal emissions, but in their case the discharge consists of mucus.

Oöphorectomy.—The operation of removing the ovaries.

Ophthalmia.—Inflammation of the eye.

Ophthalmia Neonatorum.—Inflammation of the eyes in newborn children. Often but not always due to gonorrhea.

Orchis.—The testis, or testicle—one of the two genital glands of the male in which the spermatozoa are formed.

Orgasm.—The culmination of or highest point of excitement in the sexual act, when the ejaculation takes place.

Ovariotomy.—The operation of removing the ovaries.

Parotid Gland.—A gland situated on each side of the ear. An inflammation of the parotid gland constitutes parotitis or mumps and is very apt to affect the testicles or the ovaries and make the patient sterile.

Perineum.—The region at the outlet of the pelvis; the portion of the body between the genital organs and the rectum; it is bounded in front by the pubic arch, behind by the coccyx, and at the sides by the tuberosities of the ischium. Vulgarly called the crutch or crotch.

Phallus.—The Greek word for penis.

Phobia.—An abnormal fear. A person may have a fear of being alone in a room, or of crossing the street, or of being in a theater, or of passing a church, etc. The number of phobias is legion.

Physiology.—The science treating with the normal func-

tions of the body; the science explaining the processes of digestion, respiration, circulation of the blood, etc.

Posterior.—Referring to the back portion.

Preputial.—Belonging to the foreskin or prepuce.

Proctitis.—Inflammation of the rectum.

Prodromal.—Indicating the beginning or the approach of a disease.

Prophylactic.—Preventive.

Prophylaxis.—The prevention of disease.

Protoplasm.—The essential constituent of all living matter, vegetable and animal. (*Protos*—first, primitive, original; *plasma*—plasm).

Psyche.—Everything comprised under mind or soul. The totality of the human mind. The sum total of our thoughts and feelings. In Greek mythology Psyche was a beautiful maiden, the beloved of Cupid, and the personification of the human soul.

Psychic.—Relating to the mind or soul; mental, as distinguished from physical. The pain you experience from a toothache or from the prick of a pin or from a broken leg is physical; the suffering you feel from the death of your child, from reading of the atrocities of the war, or from being scolded is psychic. Pleasures may also be divided into purely physical and psychic.

Psychology.—The science which tries to explain the activities of the human mind or "soul," our emotions or feelings, the motives of our conduct.

Puberty.—The period at which a boy or a girl becomes sexually mature, or capable of generation. The age differs in various races and climates, ranging from 11 or 12 to 17 or 18.

PUBES.—The hair above the external genital organs; also the region covered by this hair.

PUBIS.—The pubic bone. There are two pubic bones and together they form the pubic arch.

REACTION.—The action or behavior of one chemical toward another; in a narrower sense the behavior of a chemical towards certain *colors* used as tests. When a chemical turns red litmus paper blue we say it has an alkaline reaction; when it turns blue litmus paper red it has an acid reaction; when it neither turns red litmus paper blue, nor blue litmus paper red, we say it has a neutral reaction. Water has a neutral reaction.

ROSEOLA.—The first rash that appears on the body in syphilis. It generally makes its appearance in about six weeks after the infection.

SAC.—A bag, or bag-like structure.

SALPINGECTOMY.—The cutting or tying of the Fallopian tubes; this operation renders the woman sterile, that is, incapable of having children.

SCLEROSIS.—A hardening.

SECRETION.—The process of manufacturing and giving out or pouring out certain fluids; also applied to the fluids so secreted. For instance, the stomach secretes gastric juice, the liver secretes bile, the pancreas secretes pancreatic juice, the breasts secrete milk, the kidneys secrete (or rather excrete) urine.

SEDENTARY.—Referring to long sitting or long confinement in the house.

SENILE.—Weak from age, physically or mentally.

Sepsis.—Poisoning of the system by the products of putrefaction.

Septic.—Poisonous from or poisoned by putrefactive products.

Sequelæ.—The consequences following a disease. For instance, stricture may be the sequela of a neglected chronic gonorrhea.

Sexologist.—A person specializing in sexology. While the all-round sexologist must be a physician, various branches of sexology, such as sexual psychology and sexual ethics, constitute proper studies for the educated layman.

Sexology.—The science dealing with all phases of sex. The anatomy, physiology and pathology of the sex organs, the psychology of the sex instinct and of love, the sexual perversions, the venereal diseases, the origin of the sex instinct, its relation to the arts and society, and last but not least, sexual ethics—all belong to the domain of sexology.

Sexual Pathology deals with all the abnormal manifestations of sex, such as excessive sexual desire, weak or absent sexual desire, sexual perversions, inversion, etc. In the wider and somewhat loose sense it includes also anatomical abnormalities and venereal diseases.

Sexual Physiology explains the normal sexual functions: normal sexual desire, the way the sex glands influence the body and the mind, the influence of the mind on sexual activity, etc.

Smegma.—A thick ill-smelling secretion, of a cheesy consistency, found in men under the prepuce and in women around the labia minora. It is due to uncleanliness. Men who have been circumcised

are free from the annoyance of accumulated smegma.

STERILE.—This word has two meanings. It is used as a synonym for barren and means incapable of begetting or of conceiving children. It also means free from any germs.

STERILITY.—The inability to beget children or to conceive. Female sterility is also spoken of as barrenness.

STERILIZE.—To render incapable of begetting children or of becoming pregnant. Also to render anything free from germs, by the aid of heat or the use of antiseptics.

STOMATITIS.—Inflammation of the mouth.

STRANGURY.—Painful urination.

SUBLIMATION.—Any refining or elevating process. In sexology particularly, the turning of gross sexuality into higher channels; turning the energy of the sexual instinct towards the arts, sciences or social work.

SYPHILIS INSONTIUM.—Syphilis of the innocent. Referred to the disease when contracted innocently, outside of sex relations; from utensils, from a towel used by a syphilitic, from a barber or dentist, etc. Also applied to hereditary syphilis.

TABES OR TABES DORSALIS.—A synonym for locomotor ataxia.

TABETIC.—Referring to tabes or locomotor ataxia.

TORSION.—Twisting, twisting and turning.

TOXIC.—Poisonous or resulting from poison.

TOXIN.—The poison generated by germs.

VASECTOMY.—The process of cutting or of tying the *Vasa deferentia,* so that no semen can come out. This renders the man sterile, that is, incapable of having children.

VENEREAL.—Pertaining to sexual intercourse. Derived from Venus, the Roman goddess of Love. Venereal excess, excess in sexual intercourse. Venereal disease, a disease contracted from sexual intercourse with an infected person.

VENEREAL DISEASES.—The venereal diseases are three in number: Gonorrhea, syphilis and chancroid.

VENEREOLOGIST.—A specialist in venereal diseases.

VIRILITY.—Sexual power in the male. Also applied to other pronounced male qualities.

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a sensible view of things which have not been sensibly considered; nowhere has he shown this to better advantage than in this volume on a difficult subject.

—*Medical Fortnightly.*

Dr. Robinson discusses the numerous phases of this subject, in both sexes, clearly and in detail. He tells no lies to conform to moral, social and religious ideals, and consequently those who differ with him in beliefs or in pretensions may censure him as immoral. In some of these points there is opportunity for difference of opinion, but on the whole we think that Dr. Robinson has expressed what the majority of physicians believe, tho not necessarily the opinion most frequently published. Pretty nearly every conceivable sexual abnormality, physical or psychic is at least alluded to. If we were to select any one feature of this work for special mention, it would be the uniform common sense of the author.—*Buffalo Medical Journal.*

This book is not by any means a rehash of some other book or a resumé of several. This treatise is interesting and valuable, and the author is absolutely honest and fearless in his opinions. A unique and helpful feature is the case reports which illustrate every phase of sexual disorder.—*Indianapolis Medical Journal.*

Dr. Robinson deals with the subject in a dignified, scientific way, that will be helpful to the physician who has judgment enough to realize that he is as responsible for functions around which a modern, sham, conventional modesty has thrown a hiatus of folly as he is for the appetite, eliminative powers or nutritive functions of the same persons. And the science of eugenics can never be worthy of medical consideration until the people are taught that it is as much the duty and business of physicians to inquire about the sexual habits of patients as of their habits of eating and drinking. This book will do much good, and that good will be as extensive as its reading.

—*Texas State Journal of Medicine.*

In this book we have a complete treatise on sexual disorders and their treatment, with descriptions of actual individual cases, giving the individual symptomatology and individual treatment. When given in this manner the description becomes indelibly impressed on the memory and enables a physician when he gets a case to understand and classify it without a great amount of difficulty.

—*Charlotte Medical Journal.*

The name of the author is ample assurance that this treatise is not a rehash nor lacking in honest opinions fearlessly expressed. The style of the writer is notably personal, clear, straightforward and conversational. The exhaustion of the first edition in less than two months from the day of publication shows unmistakably the need of a book of this character. It also shows that the profession is at last becoming alive to its shortcomings in the matter of sexual disorders and is beginning to be willing to learn.

—*Southern California Practitioner.*

Perhaps no subject pertaining to human ills has been so neglected by medical teachers or medical text-books as the subject discussed in this volume. While legitimate medical literature was indiscreetly silent on sex teachings, the quack literature was teeming with misinformation, which, as the author intimates, did more real harm than did sexual ignorance or sex abuse. The doctor will find this work instructive.—*Illinois Medical Journal.*

As is to be expected Robinson goes into the subject thoroly, and calls a spade a spade, with the result that he has evolved a volume full of meat and of great value to the physician, whose ingenuity is often taxed to the utmost to discover the whys and wherefores at the bottom of impotence. The racy Robinsonesque style adds interest to the text matter of the volume.—*Medical Times.*

I consider myself extremely fortunate in having been instrumental in making this remarkable book accessible to the English reading public. It is a great book well worth a careful perusal.

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